

## PLACE OF BIRTH

1. County of Gila

District of \_\_\_\_\_

Town of Miami

or

City of \_\_\_\_\_

## ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS  
ORIGINAL CERTIFICATE OF BIRTHState Index No. 108County Registrar No. 127

Local Registrar No. \_\_\_\_\_

2. Full name of child Barnes Renta Gomez

If child is not yet named, make supplemental report, as directed.

3. Sex of Child Female To be answered ONLY in event of plural births. 4. Twin, triplet or other..... 5. No., in order of birth 2 6. Legitimate? Y 7. Date of birth April 2nd 1928  
Month Day Year8. FATHER  
Full name Sisti Gomez9. Residence (Usual place of abode) Miami, Ariz  
If nonresident, give place and state10. Color or race Mexican12. Birthplace (city or place) \_\_\_\_\_  
(State or country) Mexico13. Occupation Miner  
Nature of industry14. MOTHER  
Full maiden name Anita Gonzalez15. Residence (Usual place of abode) Miami, Ariz  
If nonresident, give place and state16. Color or race Mexican18. Birthplace (city or place) \_\_\_\_\_  
(State or country) Mexico19. Occupation \_\_\_\_\_  
Nature of industry housewife20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.) (a) Born alive and now living 1 (b) Born alive but now dead \_\_\_\_\_ (c) Stillborn None 21. Were precautions taken against ophthalmia neonatorum? Y

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born at 11:30 p m. on the date above stated (Born alive or stillborn.)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature John HaganAddress Hospital, ArizGiven name added from a supplemental report \_\_\_\_\_  
Month, day, year.Filed Apr 11 1928 \_\_\_\_\_  
Local Registrar.Filed \_\_\_\_\_ 19\_\_\_\_\_  
County Registrar.

Registrar.

County Registrar.

In order of birth stated.

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