

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 190
Registered No. 231

1. PLACE OF BIRTH

County Gila State Arizona
District or Township _____ or Village _____
City Miami No. 17 Grover Canon St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Amelia Gonzalez
(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, triplets or other. _____ 6. Legitimate? yes
5. No., in order of birth _____ 7. Date of birth May 30-1928
Month Day Year

8. FATHER
Full name Hipolito Gonzalez
9. Residence (Usual place of abode) Miami
If non-resident, give place and state. Arizona
10. Color or race Mex.
11. Age at last birthday 24 (Years)
12. Birthplace (city or place) Jalisco
(State or country) Mex.
13. Occupation
Nature of industry miner

14. MOTHER
Full maiden name Natividad Magaña
15. Residence (Usual place of abode) Miami
If non-resident, give place and state. Arizona
16. Color or race Mex.
17. Age at last birthday 16 (Years)
18. Birthplace (city or place) Jalisco
(State or country) Mex.
19. Occupation
Nature of industry Housewife

20. 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 _____
21. Were precautions taken against ophthalmia neonatorum. yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE *

I hereby certify that I attended the birth of this child, who was born alive at 1:30 A. 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 Cyril M. Brown M.D.
Physician (Physician or midwife).

Given name added from a supplemental report _____ Address Miami, Arizona

Month, day, year _____ Filed June 5, 1928
Registrar. _____ Registrar. Doc E. Tim

179-536-541