

**ARIZONA STATE BOARD OF HEALTH**

BUREAU OF VITAL STATISTICS  
STANDARD CERTIFICATE OF BIRTH

193d V  
State File No. 289  
Registered No. 289

**1. PLACE OF BIRTH**

County Gila State Arizona  
District or Township \_\_\_\_\_ or Village \_\_\_\_\_  
City Miami No. 1111 Sullivan St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

**2. Full name of child**

Graciela 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, triplet or other**

\_\_\_\_\_

**6. Legitimate?**

Yes

**7. Date of birth**

May - 31 - 1928  
Month Day Year

**5. No., in order of birth**

\_\_\_\_\_

**8. FATHER**

Full name Francisco A. Gonzalez

**9. Residence (Usual place of abode)**

Miami

If non-resident, give place and state.

**10. Color or race**

Mexican

**11. Age at last birthday**

29 (Years)

**12. Birthplace (city or place)**

Villa Hidalgo

(State or country)

Tlaxico, Mex.

**13. Occupation**

Nature of industry

Salesman

**14. MOTHER**

Full maiden name Josefina Herrera

**15. Residence (Usual place of abode)**

Miami

If non-resident, give place and state.

**16. Color or race**

White

**17. Age at last birthday**

24 (Years)

**18. Birthplace (city or place)**

S. Bernardo

(State or country)

Durango, Mex.

**19. Occupation**

Nature of industry

House - wife

**20. Number of children of this mother**

6

(Taken as of time of birth of child herein certified and including this child).

(a) Born alive and now living 6

(b) Born alive but now dead 1

(c) Stillborn 0

**21. Were precautions taken against ophthalmia neonatorum.**

Protargol

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

I hereby certify that I attended the birth of this child, who was Born alive at 11:50 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 J. J. Alvarez

(Physician or midwife)

Given name added from a supplemental report

Month, day, year

Address Box 1666

Registrar

Filed July 12 1928

C. E. Jones

Registrar

779-531/41