

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.

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

State File No. 156  
 Registered No. 282

1. PLACE OF BIRTH  
 County Gila State Arizona  
 District or Township \_\_\_\_\_ or Village \_\_\_\_\_  
 City Miami No. 1005 Alderman St. St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (If birth occurred in a hospital or institution, give its NAME instead of street and number)  
 2. Full name of child Antonio Gonzalez { If child is not yet named, make supplemental report, as directed.

3. Sex of Child Male To be answered ONLY in event of plural births. } 4. Twin, triplet or other \_\_\_\_\_ 6. Legitimate? yes  
 5. No., in order of birth \_\_\_\_\_ 7. Date of birth June 13-1928  
 Month Day Year

8. FATHER  
 Full name Adelberto Gonzalez  
 9. Residence (Usual place of abode) Miami, Arizona  
 If non-resident, give place and state. Arizona  
 10. Color or race Mex.  
 11. Age at last birthday 29 (Years)  
 12. Birthplace (city or place) Jalisco, Mex.  
 (State or country)  
 13. Occupation  
 Nature of industry Miner  
 20. Number of children of this mother 11  
 (Taken as of time of birth of child herein certified and including this child) } (a) Born alive and now living 7  
 (b) Born alive but now dead 4  
 (c) Stillborn \_\_\_\_\_

14. MOTHER  
 Full maiden name Victoria Almandarez  
 15. Residence (Usual place of abode) Miami, Arizona  
 If non-resident, give place and state. Arizona  
 16. Color or race Mex  
 17. Age at last birthday 39 (Years)  
 18. Birthplace (city or place) Chihuahua, Mex.  
 (State or country)  
 19. Occupation  
 Nature of industry Housewife  
 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 10 A. m. on the date above stated.  
 (Born alive or stillborn)

Signature Cyril M. Brown, M.D.  
 (Physician or midwife)

Given name added from \_\_\_\_\_ Address Miami, Arizona  
 a supplemental report \_\_\_\_\_ Month, day, year \_\_\_\_\_  
 Filed July 9 1928 Registrar Le. O. Dorr  
 Registrar

179-613-519