

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 195

Registered No. 344

1. PLACE OF BIRTH

County Gila State Arizona

District or Township \_\_\_\_\_ or Village \_\_\_\_\_

City Miami No. 117 Mexican Cyn St. \_\_\_\_\_ Ward \_\_\_\_\_

2. Full name of child Ignacio Gomez (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 7. Date of birth July 31 1928  
 5. No., in order of birth \_\_\_\_\_ Month Day Year

8. FATHER Full name Julian Gomez

14. MOTHER Full maiden name Dolores Valadez

9. Residence (Usual place of abode) Miami, Ariz  
 If non-resident, give place and state.

15. Residence (Usual place of abode) Miami, Ariz  
 If non-resident, give place and state.

10. Color or race Mexican 11. Age at last birthday 40 (Years)

16. Color or race Mexican 17. Age at last birthday 45 (Years)

12. Birthplace (city or place) \_\_\_\_\_  
 (State or country) Mexico

18. Birthplace (city or place) \_\_\_\_\_  
 (State or country) Mexico

13. Occupation miner  
 Nature of industry Copper

19. Occupation Housewife  
 Nature of industry \_\_\_\_\_

20. Number of children of this mother 5 (a) Born alive and now living 4  
 (Taken as of time of birth of child herein certified and including this child). (b) Born alive but now dead 1  
 (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 alive at 8:30 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 J. J. Miller  
 \_\_\_\_\_  
 (Physician or midwife)

Given name added from a supplemental report \_\_\_\_\_ Address Miami, Arizona

Month, day, year \_\_\_\_\_ Filed Aug 2 1928  
 Registrar \_\_\_\_\_ Registrar O. E. Smith

979-731-459

See rules for each, and the number of en.

order of birth stated.