

## PLACE OF BIRTH

1. County of Gila  
 District of \_\_\_\_\_  
 Town of Hayden  
 or \_\_\_\_\_  
 City of \_\_\_\_\_

## ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS  
 ORIGINAL CERTIFICATE OF BIRTH

State Index No. 110  
 County Registrar No. \_\_\_\_\_  
 Local Registrar No. 57

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

Full name of child Manuel Almendares Gonzalez } If child is not yet named, make supplemental report, as directed.

2. Sex of Child Male To be answered ONLY in event of plural births. 4. Twin, triplet or other. 6. Legitimate? 7. Date of birth Sept 3 1928  
 Month day year

8. FATHER  
 Full name Pedro Gonzalez

14. MOTHER  
 Full maiden name Sara Almendares

9. Residence (Usual place of abode) Hayden Ariz  
 If nonresident, give place and state

15. Residence (Usual place of abode) Hayden Ariz  
 If nonresident, give place and state

10. Color or race Mex  
 11. Age at last birthday 28 (Years)

16. Color or race M.  
 17. Age at last birthday 32 (Years)

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

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

13. Occupation Nature of industry Laborer

19. Occupation Nature of industry H.W.

20. Number of children of this mother (a) Born alive and now living 5 (b) Born alive but now dead 0 (c) Stillborn 0  
 Taken as of time of birth of child herein certified and including this child.) 21. Were precautions taken against ophthalmia neonatorum? Yes

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

hereby certify that I attended the birth of this child, who was born alive at 5 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 evidences of life after birth.  
 Signature Dr. R. Winslow (Physician or midwife)  
 Address Hayden Ariz  
 Filed Sept 8 1928 Local Registrar.

Registrar. Filed \_\_\_\_\_ 19\_\_\_\_ County Registrar.

472-903-212

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