

each in

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

State File No. 182  
Registered No. 460

1. PLACE OF BIRTH

County Gila State Arizona

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

City Miami No. 5 Dairy Canon St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Rueben 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 7. Date of birth Oct. 22-1928  
Month Day Year

8. FATHER Full name Salvadore Gonzalez

14. MOTHER Full maiden name Mercedes Marquez

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

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If non-resident, give place and state. Arizona

10. Color or race Mex 11. Age at last birthday 33 (Years)

16. Color or race Mex 17. Age at last birthday 24 (Years)

12. Birthplace (city or place) Jalisco  
(State or country) Mex.

18. Birthplace (city or place) Chihuahua  
(State or country) Mex.

13. Occupation Nature of industry Miner

19. Occupation Nature of industry Housewife

20. Number of children of this mother 2 (Taken as of time of birth of child herein certified and including this child).  
(a) Born alive and now living 2  
(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 2 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 Lynil M. Brown M.D. Physician  
(Physician or midwife).

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

Month, day, year \_\_\_\_\_ Filed Nov 3 1928 Registrar G. E. Jones

Registrar.

Registrar.

979-1022-449

SEPARATE order of birth stat. N. B.—In case of