

WRITE PLAINLY WITH UNFADING INK—TEN P-15 A PER. 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. 192  
431  
 Registered No.

1. PLACE OF BIRTH  
 County Pima State \_\_\_\_\_  
 District or Township \_\_\_\_\_ or Village \_\_\_\_\_  
 City Miami No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Felicia 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  
 5. No. in order of birth \_\_\_\_\_ 7. Date of birth Oct 26 1928  
 Month Day Year

8. FATHER  
 Full name Jim 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 27 (Years)

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

13. Occupation Miami  
 Nature of industry

14. MOTHER  
 Full maiden name Paula de la Rosa  
 15. Residence (Usual place of abode) Miami  
 If non-resident, give place and state.

16. Color or race Mexican  
 17. Age at last birthday 26 (Years)

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

19. Occupation Housewife  
 Nature of industry

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 \_\_\_\_\_ at \_\_\_\_\_ 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 Wesley Bray  
 \_\_\_\_\_  
 (Physician or midwife).

Given name added from \_\_\_\_\_ Address \_\_\_\_\_  
 a supplemental report Month, day, year

Registrar \_\_\_\_\_ Filed Oct 31 1928 Registrar \_\_\_\_\_

679-1026-741