ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 135

Registered No. 103

1. PLACE OF BIRTH

County Gila State Arizona

District or Township ..... or Village .....

City Miami No. 2 Tower Miami St. ..... Ward

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

2. Full name of child Espiranza 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 ..... 5. No., in order of birth ..... | 6. Legitimate? yes | 7. Date of birth Mch. 3 - 1929. (Month Day Year)

FATHER

8. Full name Antonio Gonzalez

9. Residence (Usual place of abode) Miami.

If non-resident, give place and state. Arizona.

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

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

13. Occupation Repair man

Nature of industry Mining

MOTHER

14. Full maiden name Espiranza Jiminez

15. Residence (Usual place of abode) Miami.

If non-resident, give place and state. Arizona.

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

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

19. Occupation

Nature of industry Housewife

20. Number of children of this mother 4 (Taken as of time of birth of child herein certified and including this child.) (a) Born alive and now living 4 (b) Born alive but now dead 0 (c) Stillborn 0

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 (Born alive or stillborn.) at 1 A. m. on the date above stated.

Signature Cyril M. Brown M.D.

Physician (Physician or ~~midwife~~).

Address Miami, Arizona

Filed Mch 12, 1929 C. E. Irvin Registrar

* 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.

Given name added from a supplemental report ..... Month, day, year

..... Registrar

579-303-519