

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

State File No. 116  
 Registered No. 107

**I. PLACE OF BIRTH**

County Gila State Arizona  
 District or Township \_\_\_\_\_ or Village \_\_\_\_\_  
 City Globe No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

Full name of child Francisco Gonzalez  
(If child is not yet named, make supplemental report, as directed.)

Sex of Child male To be answered ONLY in event of plural births. 4. Twin, triplet or other \_\_\_\_\_ 5. No., in order of birth \_\_\_\_\_ 7. Date of birth June 4, 1929  
 Month Day Year

**FATHER**  
 Full name Guillermo Alice  
 Residence (Usual place of abode) Globe  
 If non-resident, give place and state. \_\_\_\_\_  
 Color or race Mexican  
 11. Age at last birthday 40 (Years)  
 Birthplace (city or place) Mexico  
 (State or country) \_\_\_\_\_  
 Occupation Laborer  
 Nature of industry \_\_\_\_\_

**MOTHER**  
 Full maiden name Martina Cordova  
 15. Residence (Usual place of abode) Globe  
 If non-resident, give place and state. Ariz.  
 16. Color or race Mexican  
 17. Age at last birthday 27 (Years)  
 18. Birthplace (city or place) Mexico  
 (State or country) \_\_\_\_\_  
 19. Occupation Housewife  
 Nature of industry \_\_\_\_\_

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

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

I hereby certify that I attended the birth of this child, who was Born alive at 11:00 AM on the date above stated.  
(Born alive or stillborn.)

When there was no attending physician or midwife, then the father, householder, or other person could make this return. A stillborn is one that neither breathes nor shows other evidence of life after birth.

Signature T. S. Harper  
 \_\_\_\_\_  
 (Physician or midwife).

Address Globe, Arizona

Time added from mental report \_\_\_\_\_  
 Month, day, year \_\_\_\_\_  
 Filled 7/10 1929 B. E. Wightman  
 Registrar \_\_\_\_\_

672-604-431