

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

State File No. 160  
334  
Registered No. 334

PLACE OF BIRTH

County Silas State Arizona  
District or Township \_\_\_\_\_ or Village \_\_\_\_\_

City Wickenburg No. 916 Live Oak St St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

Full name of child Luis Gomez { If child is not yet named, make supplemental report, as directed.

Sex of Child Boy To be answered ONLY in event of plural births. 4. Twin, triplet or other \_\_\_\_\_ 6. Legitimate? \_\_\_\_\_ 7. Date of birth July 18 1929  
Month Day Year

FATHER		MOTHER	
1. Full name <u>Jose Gomez</u>	14. Full maiden name <u>Antonia Apodaca</u>		
2. Residence <u>916 Live Oak St</u> <small>(Usual place of abode)</small>	15. Residence <u>916 Live Oak St</u> <small>(Usual place of abode)</small>		
3. If non-resident, give place and state.	16. If non-resident, give place and state.		
8. Color or race <u>Mexican</u>	16. Color or race <u>Mexican</u>		
11. Age at last birthday <u>22</u> (Years)	17. Age at last birthday <u>20</u> (Years)		
9. Birthplace (city or place) <u>Tepic Jalisco</u> <small>(State or country)</small>	18. Birthplace (city or place) <u>Acencion</u> <small>(State or country)</small> <u>Chihuahua Mexico</u>		
10. Occupation <u>miner</u> Nature of industry _____	19. Occupation <u>Housewife</u> Nature of industry _____		

Number of children of this mother \_\_\_\_\_ (a) Born alive and now living 1  
taken as of time of birth of child herein (b) Born alive but now dead \_\_\_\_\_  
classified and including this child.) (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 alive at 11 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 evidence of life after birth.  
Signature Rosar Cortez  
\_\_\_\_\_  
Physician or midwife.

Given name added from supplemental report \_\_\_\_\_  
Month, day, year \_\_\_\_\_  
Address 806 Sullivan St  
Filed July 28, 1929 10-8-29  
Registrar \_\_\_\_\_