

SUPPLEMENT ATTACHED

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

State File No. 341
Registered No. 341

PLACE OF BIRTH

Gila State Arizona

City or Township Mississ or Village _____

No. 1106 Coffee Canyon St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

Name of child Antonio Gausein (If child is not yet named, make supplemental report, as directed.)

Sex of Child <u>Boy</u>	To be answered ONLY in event of plural births.	4. Twin, triplet or other. _____	6. Legitimate? <u>Yes</u>	7. Date of birth <u>July 24 1929</u> Month Day Year
		5. No., in order of birth _____		

FATHER
Name Encarnacion Gausein
Residence 1106 Coffee Canyon
(Usual place of abode)
If non-resident, give place and state.

MOTHER
Full maiden name Belen Sidon
15. Residence 1106 Coffee Canyon
(Usual place of abode)
If non-resident, give place and state.

Color or race Mexican
11. Age at last birthday 27 (Years)

10. Color or race Mexican
17. Age at last birthday 23 (Years)

Birthplace (city or place) Sombate
(State or country) Zacatecas Mexico

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

Occupation Miner
Nature of industry _____

19. Occupation Housewife
Nature of industry _____

Number of children of this mother _____ In case of time of birth of child herein recorded and including this child.)	(a) Born alive and now living <u>3</u>	21. Were precautions taken against oph- thalmia neonatorum? <u>Yes</u>
	(b) Born alive but now dead <u>1</u>	
	(c) Stillborn _____	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive at 1 a. m., on the date above stated.
(Born alive or stillborn.)

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

Signature Rosa Cortez

Name added from supplemental report _____ Address 806 Sullivan St

Month, day, year _____ Filed July 30, 19 29 Registrar _____