

210 ✓

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

State File No. \_\_\_\_\_

Local Registrar's No. 67

1. PLACE OF BIRTH

County Gila

State \_\_\_\_\_

District or Township \_\_\_\_\_

or Village \_\_\_\_\_

City Rayhu

No. \_\_\_\_\_

St. \_\_\_\_\_

Ward \_\_\_\_\_

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

2. Full name of child Ruth Gonzales

If child is not yet named, make supplemental report, as directed.

3. Sex of Child

To be answered ONLY in event of plural births.

4. Twin, triplet or other

6. Legitimate?

7. Date of birth Aug 20 1929  
Month Day Year

Female

5. No., in order of birth \_\_\_\_\_

Yes

FATHER

8. Full name Carlo Gonzales

14. Full maiden name

MOTHER Jucia Miranda

9. Residence (Usual place of abode) Rayhu

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If non-resident, give place and state.

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10. Color or race Mex

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11. Age at last birthday 27 (Years)

17. Age at last birthday 19 (Years)

12. Birthplace (city or place) Jerome  
(State or country) Ariz

18. Birthplace (city or place) Rayhu  
(State or country) Ariz

13. Occupation Copper Miner  
Nature of industry Copper Mill

19. Occupation Housewife  
Nature of industry \_\_\_\_\_

20. Number of children of this mother. (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 epk-  
thalmia neonatorum? Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_

(Born alive or stillborn) 5 P m. on the date above stated.

Signature Charles H. Heston

(Physician or midwife)

Given name added from a supplemental report \_\_\_\_\_

Month, day, year \_\_\_\_\_

Address Hayden Arizona

Filed Aug 24 1929

19.2.29

Registrar M. J. Dyer

Registrar \_\_\_\_\_

979-870-341

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N.B.—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.