

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 114
474

Registered No.

PLACE OF BIRTH
County Gila State Arizona
District or Township Lower Miami or Village
City Miami No. 10 Grover Cyn. (Rer) St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

Full name of child Gonzales (If child is not yet named, make supplemental report, as directed.)
Sex of Child female To be answered ONLY in event of plural births. } 4. Twin, triplet or other. _____ 6. Legitimate? yes
5. No., in order of birth _____ 7. Date of birth Oct 3 1929
Month Day Year

FATHER
Full name Ypeneo Gonzales
Residence (Usual place of abode) Miami, Ariz.
If non-resident, give place and state.
Color or race Mexican 11. Age at last birthday 18 (Years)
Birthplace (city or place) _____
(State or country) Mexico
Occupation Road laborer
Nature of industry Copper mine

MOTHER
Full maiden name Refugio Rivera
Residence (Usual place of abode) Miami, Arizona
If non-resident, give place and state.
Color or race Mexican 17. Age at last birthday 18 (Years)
Birthplace (city or place) Glabe
(State or country) Arizona
Occupation _____
Nature of industry Housewife

1. Number of children of this mother 1 } (a) Born alive and now living 0
Taken as of time of birth of child herein } (b) Born alive but now dead 0
Certified and including this child. } (c) Stillborn 1
21. Were precautions taken against ophthalmia neonatorum. _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE *

I hereby certify that I attended the birth of this child, who was still born at 2:30 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 J. J. Miller
M.D.
(Physician or midwife)

Given name added from supplemental report _____
Month, day, year _____ Address Miami, Arizona
Registrar _____ Filed Oct 12 1929 Registrar R. S. Jones

672-1003-991