

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

116 A ✓
 State File No. 604
 Registered No. _____

PLACE OF BIRTH

County Gila State Arizona
 District or Township _____ or Village _____
 City Miami No. 53 Davis Canon St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

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

3. Sex of Child male 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. 4 - 1929
Month Day Year

8. FATHER		14. MOTHER	
Full name <u>Ysidro Gonzalez</u>		Full maiden name <u>Refugio Suchugo</u>	
9. Residence (Usual place of abode) <u>Miami</u>		15. Residence (Usual place of abode) <u>Miami</u>	
If non-resident, give place and state. <u>Arizona</u>		If non-resident, give place and state. <u>Arizona</u>	

10. Color or race <u>Mex.</u>	11. Age at last birthday <u>30</u> (Years)	16. Color or race <u>Mex.</u>	17. Age at last birthday <u>25</u> (Years)
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12. Birthplace (city or place) <u>Zacatecas</u> (State or country) <u>Mex.</u>	18. Birthplace (city or place) <u>Coahuila</u> (State or country) <u>Mex.</u>
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13. Occupation Nature of Industry <u>Miner</u>	19. Occupation Nature of Industry <u>Housewife</u>
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20. Number of children of this mother 4
(Taken as of time of birth of child herein certified and including this child.)

(a) Born alive and now living <u>4</u>	21. Were precautions taken against ophthalmia neonatorum? <u>Yes</u>
(b) Born alive but now dead <u>0</u>	
(c) Stillborn <u>0</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 3 A. 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 Cyril M. Brown M.D.

 (Physician or midwife)

Given name added from _____
 a supplemental report _____
 Month, day, year _____

Address Miami, Arizona

Filed Jan 8 1930 Registrar C. E. Brown

Registrar

Registrar

679-1004-934