

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

State File No. 148
Registered No. 576

1. PLACE OF BIRTH

County Gila State Arizona
District or Township _____ or Village _____
City Miami No. 204 Brover Canons Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

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

3. Sex of Child Female To be answered ONLY in event of plural births. 4. Twin, triplet or other _____ 5. No. in order of birth _____ 6. Legitimate? yes 7. Date of birth Dec. 14 - 1929
Month Day Year

8. FATHER
Full name Sebastian Gonzalez
9. Residence Miami, Arizona
(Usual place of abode)
If non-resident, give place and state. Arizona

14. MOTHER
Full maiden name Porfiria Cornejo
15. Residence Miami, Arizona
(Usual place of abode)
If non-resident, give place and state. Arizona

10. Color or race Mex
11. Age at last birthday 25 (Years)

16. Color or race Mex
17. Age at last birthday 23 (Years)

12. Birthplace (city or place) Jalisco Mex
(State or country)

18. Birthplace (city or place) Jalisco Mex
(State or country)

13. Occupation Teaching plant
Nature of industry mining

19. Occupation Housewife
Nature of industry _____

20. Number of children of this mother 3
(Taken as of time of birth of child herein certified and including this child.)
(a) Born alive and now living 3
(b) Born alive but now dead 0
(c) Stillborn 0

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 born alive at 10³⁰ 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
(Physician or midwife)

Given name added from a supplemental report _____
Address Miami, Arizona

Filed Dec 20, 1929 C. O. Jones
Registrar Registrar

179 - 1214 - 731

order of birth stated.