

N. B.—In cases of more than one child at a birth, a SEPARATE REPORT CAN be made for each, and the number of each is or of birth stated.

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

State File No. 1279
Registered No. 239

1. PLACE OF BIRTH

County Gila State Arizona
District or Township _____ or Village _____
City Miami No. 10 Warrior Canon St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Marcelino Roderiguez { 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 1 6. Legitimate? yes 7. Date of birth June 2- 1927
Month Day Year

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

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

10. Color or race Mex. 11. Age at last birthday 30 (Years)

16. Color or race Mex. 17. Age at last birthday 22 (Years)

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

18. Birthplace (city or place) Trinidad Colo.
(State or country)

13. Occupation
Nature of industry Miner

19. Occupation
Nature of industry Housewife

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 _____
(c) Stillborn _____

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 7³⁰ 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 Beryl M. Brown M.D.
Physician
(Physician or midwife)

Given name added from a supplemental report
499-602-126
Month, day, year
Registrar

Address Miami, Arizona
Filed June 11, 1927 J. E. Dorn
Registrar