

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

State File No. 114
 Registered No. 69

1. PLACE OF BIRTH

County Pima State _____
 District or Township _____ or Village _____
 City Hayden No. _____ St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

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

3. Sex of Child Male Female To be answered ONLY in event of plural births.
 4. Twin, triplet or other _____
 5. No., in order of birth 1st
 6. Legitimate? Yes No
 7. Date of birth Oct 7 1927
Month Day Year

8. FATHER
 Full name Jesus Rodriguez

9. Residence
 (Usual place of abode) Hayden
 If non-resident, give place and state.

10. Color or race Mexican
 11. Age at last birthday 26 (Years)

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

13. Occupation Labour
 Nature of industry

14. MOTHER
 Full maiden name Victoria Andre

15. Residence
 (Usual place of abode) Hayden
 If non-resident, give place and state.

16. Color or race Mex
 17. Age at last birthday 27 (Years)

18. Birthplace (city or place) La Colnada
 (State or country) Tex

19. Occupation A. G.
 Nature of industry

20. Number of children of this mother 2
(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 ophthalmia neonatorum? Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____ at 6 A 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 Charles H. ... M.D.
 (Physician or Midwife)

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

Address Hayden, Arizona
 Filled Oct 8 1927 Registrar W. J. ...

Registrar

599-1007-588

and the number of each.

SEPARATE RETURN FOR EACH CHILD AT A BIRTH, IN ORDER OF BIRTH STATE