

SUPPLEMENTARY FORM

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 119

Registered No. 435

1. PLACE OF BIRTH

County Gila State Arizona  
 District or Township \_\_\_\_\_ or Village \_\_\_\_\_  
 City Miami No. 44 Miami Ave. St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

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

Sex of Child <u>Male</u>	To be answered ONLY in event of plural births.	4. Twin, triplet or other _____	6. Legitimate? <u>yes</u>	7. Date of birth <u>Oct 8 - 1927</u> Month Day Year
		5. No., in order of birth _____		

8. FATHER  
Full name Isidro Robledo

14. MOTHER  
Full maiden name Margareta Vasquez

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

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(Usual place of abode) Miami Arizona  
If non-resident, give place and state.

10. Color or race Mexican  
11. Age at last birthday 33 (Years)

16. Color or race Mexican  
17. Age at last birthday 26 (Years)

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

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

13. Occupation Miner  
Nature of industry Copper

19. Occupation Housewife  
Nature of industry

20. Number of children of this mother \_\_\_\_\_  
(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 9:30 AM 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 E. Jern  
Miami Arizona  
 (Physician or midwife).

Given name added from \_\_\_\_\_  
 a supplemental report.

Address \_\_\_\_\_  
 Filed Oct 15, 27 C. E. Jern  
 Registrar

196-1006-459