

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

State File No. 262 215  
 Registered No. 64

**1. PLACE OF BIRTH**

County Pima State Arizona  
 District or Township \_\_\_\_\_ or Village \_\_\_\_\_  
 City Arizona No. 114 Red Springs Canon St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Rosalba Felix If child is not yet named, make supplemental report, as directed.

3. Sex of Child <u>female</u>	To be answered ONLY in event of plural births.	4. Twin, triplet or other _____	5. No., in order of birth _____	6. Legitimate? <u>yes</u>	7. Date of birth <u>January 26 1930</u> Month Day Year
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8. FATHER  
 Full name Manuel Felix

14. MOTHER  
 Full maiden name Sofia Lucero

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

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 If non-resident, give place and state.

10. Color or race Mexican  
 11. Age at last birthday 34 (Years)

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

12. Birthplace (city or place) \_\_\_\_\_  
 (State or country) Mexico

18. Birthplace (city or place) Tucson  
 (State or country) Arizona

13. Occupation Miner  
 Nature of industry \_\_\_\_\_

19. Occupation Housewife  
 Nature of industry \_\_\_\_\_

20. Number of children of this mother 5  
 (Taken as of time of birth of child herein certified and including this child.)  
 (a) Born alive and now living 5  
 (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 alive at 4:20 A. on the date above stated.  
 (Born alive or stillborn)

Signature J. J. Miller  
 \_\_\_\_\_  
 (Physician or midwife)

Given name added from a supplemental report \_\_\_\_\_ Address Miami, Arizona

Month, day, year \_\_\_\_\_ Filed Feb 1 1930 C. E. Jones Registrar.

967-126-236

ORDER OF BIRTH