

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 151
Registered No. 225

1. PLACE OF BIRTH

County Gila State Arizona
District or Township _____ or Village _____
City Miami No. 603 Gibson St. St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Eusebio Rojas
(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. _____ 5. No., in order of birth. _____
6. Legitimate? yes 7. Date May 6 - 1930 of birth Month May Day 6 Year 1930

8. FATHER
Full name Antonio Rojas
9. Residence (Usual place of abode) Miami
If non-resident, give place and state. Arizona
10. Color or race Mex.
11. Age at last birthday 30 (Years)
12. Birthplace (city or place) Sonora
(State or country) Mex.
13. Occupation
Nature of Industry Miner

14. MOTHER
Full maiden name Trinidad Gutierrez
15. Residence (Usual place of abode) Miami
If non-resident, give place and state. Arizona
16. Color or race Mex.
17. Age at last birthday 24 (Years)
18. Birthplace (city or place) Baja
(State or country) Calif.
19. Occupation
Nature of Industry Housewife

20. Number of children of this mother. 3 } (a) Born alive and now living 3
(Taken as of time of birth of child herein certified and including this child.) } (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 5 A. m. on the date above stated.
(Born alive or stillborn)

Signature Lyril M. Brown M.D.
(Physician or midwife.)

Given name added from a supplement report _____ Address Miami, Arizona
Month, day, year _____ Filed May 15 1930 Registrar R. C. Jones

Registrar.
572-506-379

each in order of birth stated.