

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS STANDARD CERTIFICATE OF BIRTH

State File No. 213
Registered No. 418

1. PLACE OF BIRTH

County Mila State Arizona
District or Township _____ or Village P.O. Box 1432 - Miami, Ariz.
City Miami No. 1522 Live Oak Canon St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Jesus Rosalez } 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 of birth June 27 - 1930
Month Day Year

FATHER
8. Full name Angel Rosalez
9. Residence (Usual place of abode) Miami, Arizona
If non-resident, give place and state.
10. Color or race Mex.
11. Age at last birthday 25 (Years)
12. Birthplace (city or place) Hidalgo Mex.
(State or country)
13. Occupation
Nature of Industry Miner

MOTHER
14. Full maiden name Maria Casares
15. Residence (Usual place of abode) Miami, Arizona
If non-resident, give place and state.
16. Color or race Mex.
17. Age at last birthday 22 (Years)
18. Birthplace (city or place) San Louis Potosi Mex.
(State or country)
19. Occupation
Nature of Industry Housewife

20. Number of children of this mother. } (a) Born alive and now living. 1
(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

I hereby certify that I attended the birth of this child, who was born alive at 11 A m. on the date above stated.
(Born alive or stillborn)

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

Address Miami, Arizona
Given name added from a supplemental report. Month, day, year
Filed July 8, 30 Registrar L. E. J...

199-627-432

each in order of birth stated.