

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

State File No. 142
483
Registered No. _____

1. PLACE OF BIRTH

County Gila State Arizona

District or Township _____ or Village _____

City Miami No. 27 Grover Camp P.O. Box 1092 St. Ward _____

2. Full name of child Rodolfo Olivas } If child is not yet named, make supplemental report, as directed.

3. Sex of Child } 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 August 11 1930 } Month Day Year

8. FATHER
Full name Jose Olivas
9. Residence (Usual place of abode) Miami
If non-resident, give place and state. Arizona
10. Color or race Mexican
11. Age at last birthday 29 (Years)
12. Birthplace (city or place) San Andres
(State or country) Tehuacan
13. Occupation miner
Nature of Industry _____

14. MOTHER
Full maiden name Refugio Padilla
15. Residence (Usual place of abode) Miami
If non-resident, give place and state. Arizona
16. Color or race Mexican
17. Age at last birthday 27 (Years)
18. Birthplace (city or place) S. Juan de los Rios
(State or country) Tlaxiaco - Mexico
19. Occupation house wife
Nature of Industry _____

20. Number of children of this mother 4 } (a) Born alive and now living 3 } 21. Were precautions taken against ophthalmia neonatorum? Yes
(Taken as of time of birth of child herein certified and including this child.) } (b) Born alive but now dead 0 }
} (c) Stillborn _____ }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 11 3/4 p.m. 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 J. J. Gomez (Physician or midwife)
U.S.
P.O. Box # 1092 Miami
Arizona

Given name added from _____ Address _____
Month, day, year _____
Filed Aug 20 30 Registrar E. E. [Signature]

962-811-971