

ARIZONA STATE BOARD OF HEALTH

State File No. 579

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

Registered No.

1. PLACE OF BIRTH

County Gila State Arizona
District or Township _____ or Village _____
City Miami No. 38 Van Winkle Canon St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

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

3. Sex of Child Female 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 Sept 2-1930
Month Day Year

8. FATHER
Full name Antonio Sanchez
9. Residence (Usual place of abode) Miami, Arizona
If non-resident, give place and state.

14. MOTHER
Full maiden name Anita Artiaga
15. Residence (Usual place of abode) Miami, Arizona
If non-resident, give place and state.

10. Color or race Mex.
11. Age at last birthday 26 (Years)

16. Color or race Mex.
17. Age at last birthday 22 (Years)

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

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

13. Occupation
Nature of Industry Laborer

19. Occupation
Nature of Industry Housewife

20. Number of children of this mother 4 (Taken as of time of birth of child herein certified and including this child.)
(a) Born alive and now living 4
(b) Born alive but now dead 0
(c) Stillborn _____
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 10 A m on the date above stated.
(Born alive or stillborn)

Signature Cyril M. Brown
(Physician or midwife.)

Given name added from a supplemental report _____ Address Miami, Arizona

Month, day, year _____ Filed Sept 11 1930 Registrar C. E. Jones

Registrar.

Registrar.

929 - 902 - 111