

# ARIZONA STATE BOARD OF HEALTH

130

## BUREAU OF VITAL STATISTICS STANDARD CERTIFICATE OF BIRTH

State File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_

**1. PLACE OF BIRTH**

County Yuma State Ariz  
District or Township \_\_\_\_\_ or Village \_\_\_\_\_  
City Christmas No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

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

3. Sex of Child <u>M.</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>9/5/30</u> Month Day Year
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8. FATHER  
Full name Mannel Rosa

14. MOTHER  
Full maiden name Genara Arzaga

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

15. Residence (Usual place of abode) Christmas  
If non-resident, give place and state. Ariz

10. Color or race Mex.  
11. Age at last birthday 30 (Years)

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

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

18. Birthplace (city or place) \_\_\_\_\_  
(State or country) Ariz.

13. Occupation Mines  
Nature of Industry \_\_\_\_\_

19. Occupation H.M.  
Nature of Industry \_\_\_\_\_

20. Number of children of this mother. <u>4</u> (Taken as of time of birth of child herein certified and including this child.)	(a) Born alive and now living <u>4</u>	21. Were precautions taken against ophthalmia neonatorum? <u>yes</u>
	(b) Born alive but now dead <u>0</u>	
	(c) Stillborn <u>1</u>	

### CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 11:45 PM 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 Dr. P. Winslow  
(Physician or midwife)

Given name added from a supplemental report \_\_\_\_\_ Address Hayden Ariz  
Month, day, year \_\_\_\_\_  
Filed Oct 1930 Registrar P. J. Feltner

each in order of birth stated.

921-905-711