

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 171
Registered No. 680

1. PLACE OF BIRTH

County Gila State Arizona

District or Township _____ or Village _____
City Miami No. 1165 Sullivan St St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Rosa Maria Rodriquez } 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 Nov-24-1930
Month Day Year

8. FATHER
Full name Indelacio Rodriquez
9. Residence Miami
(Usual place of abode)
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) Jalisco
(State or country) Mex
13. Occupation
Nature of Industry Mining

14. MOTHER
Full maiden name Ampara Ruiz
15. Residence Miami
(Usual place of abode)
If non-resident, give place and state. Arizona
16. Color or race Mex
17. Age at last birthday 28 (Years)
18. Birthplace (city or place) Jalisco
(State or country) Mex
19. Occupation
Nature of Industry Housewife

20. Number of children of this mother... } (a) Born alive and now living 2
(Taken as of time of birth of child herein } (b) Born alive but now dead 0
certified and including this child.) } (c) Stillborn 0
21. Were precaution taken against ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE * 50
I hereby certify that I attended the birth of this child, who was born alive at 12 A. 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 Cyril M. Brown M.D.
(Physician or midwife.)

Given name added from a supplemental report _____ Address Miami, Arizona
Month, day, year _____ Filed Jul 30 1930 Registrar G. E. Irwin

999-1124-199