

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

State File No. 194
 Registered No. 691

1. PLACE OF BIRTH

County Maricopa State _____
 District or Township _____ Village _____
 City Mesa No. _____ St. _____ Ward _____

2. Full name of child Maria Rodriguez
 (If birth occurred in a hospital or institution, give its NAME instead of street and number)
 { 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 Dec 27 1930
 Month Day Year

8. FATHER
 Full name Louis Rodriguez

14. MOTHER
 Full maiden name Yvonne Lopez

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

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

10. Color or race White

11. Age at last birthday 24 (Years)

16. Color or race White

17. Age at last birthday 23 (Years)

12. Birthplace (city or place) Spain
 (State or country)

18. Birthplace (city or state) Spain
 (State or country)

13. Occupation
 Nature of Industry Truck Driver

19. Occupation
 Nature of Industry Housewife

20. Number of children of this mother 3
 (Taken as of time of birth of child herein certified and including this child.)
 (a) Born alive and now living 3
 (b) Born alive but now dead _____
 (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 _____ at _____ 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 Melvin A. Brown

 (Physician or midwife.)

Given name added from a supplemental report _____
 Month, day, year _____ Address _____

Registrar. _____ Filed Jan 5 1931 L. E. Orrin Registrar.

499-1227-839