

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

State File No. 192
 Registered No. 46

1. PLACE OF BIRTH

County Gila State Arizona
 District or Township Miami or Village _____
 City Miami No. 1931 Super St. St. _____ Ward _____
(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.

2. Full name of child. Francisco Salvador Rodriguez

3. Sex of Child Boy To be answered ONLY in event of plural births. } 4. Twin, triplet or other. _____ 5. No., in order of birth. _____
 6. Legitimate Yes Date of birth Jan. 28 31
 Month Day Year

8. FATHER
 Full name Stantiago Rodriguez
 9. Residence (Usual place of abode) Miami
 If non-resident, give place and state. _____
 10. Color or race Mexican
 11. Age at last birthday 41 (Years)
 12. Birthplace (city or place) Durango
 (State or country) Coahuila, MEX.
 13. Occupation
 Nature of Industry Shoe maker

14. MOTHER
 Full maiden name Adelaida Malina
 15. Residence (Usual place of abode) Miami
 If non-resident, give place and state. _____
 16. Color or race Mexican
 17. Age at last birthday 30 (Years)
 18. Birthplace (city or place) Durango
 (State or country) Chihuahua, Mex.
 19. Occupation
 Nature of Industry Housewife

20. Number of children of this mother. 6 (Taken as of time of birth of child herein certified and including this child.)
 (a) Born alive and now living. 6
 (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 alive at _____ m. on the date above stated.
(Born alive or stillborn)

Signature Rosa Carthy
(Physician or midwife.)

Address 806 Sullivan St.
 Filed Feb 28 1931
 Registrar C. E. Min

699-128-141

each in cases in which stated.