

ARIZONA STATE BOARD OF HEALTH

State File No. **00117**
Registered No. **16**

1. PLACE OF BIRTH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

County **Gila**

State **Arizona**

Township **Marana**

Village **Davis**

City **Marana**

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child

If child is not yet named, make supplemental report, as directed

3. Sex **Male** 4. Twin, triplet, or other **No** 6. Premature **No** 7. Legit. **Yes** Date of birth **Feb 10 1931**
If plural births 5. Number, in order of birth **1** Full term **Yes** (Month, day, year)

9. Full name of FATHER **Enrique Rodriguez** 15. Full name of MOTHER **Therese Montreal**

10. Residence (usual place of abode) **Marana, Ariz** 19. Residence (usual place of abode) **Marana, Ariz**
(If nonresident, give place and date)

11. Age at last birthday **30** Years 20. Race **Mex** 21. Age at last birthday **25** (Years)

13. Birthplace (city or place) **Marana, Ariz USA** 22. Birthplace (city or place) **Marana, Ariz USA**
(State or country)

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **None** 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, etc. **None**

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. **None** 24. Industry or business in which work was done, as oil, home, lawyer's office, silk mill, etc. **None**

16. Date (month and year) last engaged in this work **July 1930** 17. Total time (years) spent in this work **10** 25. Date (month and year) last engaged in this work **July 1930** 26. Total time (years) spent in this work **10**

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and new living **4** (b) Born alive but now dead **0** (c) Stillborn **0**

28. If stillborn, period of gestation **0** months or weeks 29. Cause of stillbirth **Before labor** **0** **0**
0 **0** **0**
During labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was **5 ft** 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.

Sheldon S. Brayton M.D.
or **Midwife**

Given name added from a supplemental report (Date of)

Address **Marana, Ariz**

Filed **Feb 20 1931** Registrar **R. C. Patten**

099-210-4413