

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 142
Registered No. 61

1. PLACE OF BIRTH
County Sila State Arizona
District or Township _____ or Village _____

City Hayden No. _____ St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)
2. Full name of child María Rodríguez } If child is not yet named, make supplemental report, as directed.

3. Sex of Child } To be answered ONLY in event of plural births. } Female
4. Twin, triplet or other. } No.
5. Legitimate? } Yes
6. Date of birth } July 27 1933
7. Month } July
8. Day } 27
9. Year } 1933

8. FATHER
Full name Victor Rodríguez
9. Residence (Usual place of abode) Sombro Pitta
If non-resident, give place and state. ARIZ

14. MOTHER
Full maiden name Carmen Munez
15. Residence (Usual place of abode) Sombro Pitta
If non-resident, give place and state. ARIZ

10. Color or race Mex
11. Age at last birthday 37 (Years)

16. Color or race Mex
17. Age at last birthday 42 (Years)

12. Birthplace (city or place) Morenci
(State or country) Ariz
13. Occupation Miner
Nature of Industry _____

18. Birthplace (city or place) San Pedro
(State or country) San Mex
19. Occupation House Wife
Nature of Industry _____

20. Number of children of this mother... (a) Born alive and now living... 6
(b) Born alive but now dead... 2
(c) Stillborn... 0
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 10:50 a.m. on the date above stated.

Signature Charles H. H. H. H. (Physician or midwife)

Given name added from 499-227-358 Address Hayden Arizona
a supplemental report... Month, day, year

Filed July 29 1933 Registrar W. D. H. H.

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.

ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED