

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

State File No. 95  
 Registered No. 76

**1. PLACE OF BIRTH**

County Gila State ARIZONA  
 District or Township \_\_\_\_\_ or Village \_\_\_\_\_  
 City MIAMI No. 3410 Loomis Ave. St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Rodolfo Macias  
(If child is not yet named, make supplemental report, as directed.)

3. Sex of Child male 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 March 1 1932  
Month Day Year

**8. FATHER**  
 Full name Antonio Macias

**11. MOTHER**  
 Full maiden name Josefina Nunez

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

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

10. Color or race Mexican  
 11. Age at last birthday 28 (Years)

16. Color or race Mexican  
 17. Age at last birthday 25 (Years)

12. Birthplace (city or place) \_\_\_\_\_  
 (State or country) Mexico

18. Birthplace (city or place) \_\_\_\_\_  
 (State or country) Mexico

13. Occupation Miner  
 Nature of industry Copper

19. Occupation Housewife  
 Nature of industry \_\_\_\_\_

20. Number of children of this mother 5  
(Taken as of time of birth of child herein certified and including this child.)  
 (a) Born alive and now living 5  
 (b) Born alive but now dead 0  
 (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 alive at 12:40 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 F. P. Miller

F. P. MILLER, M. D.  
(Physician or midwife)

Given name added from a supplemental report \_\_\_\_\_  
 Month, day, year 9-12-30-159  
 Registrar \_\_\_\_\_

Address MIAMI, ARIZONA  
 Filled April 4 1932 C. E. Lamine  
 Registrar \_\_\_\_\_

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 order of birth stated.

THIS IS A PERMANENT RECORD WHICH UNFADING INK—SEPARATE RETURN must be made for each, and the number of each order of birth stated.