

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS STANDARD CERTIFICATE OF BIRTH

State File No. 889
Registered No. 889

1. PLACE OF BIRTH

County Gila State Arizona
District or Township Gila or Village _____
City Miami No. _____ 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 Eduardo Rodriguez

3. Sex of Child Boy To be answered ONLY in event of plural births. } 4. Twin, triplet or other _____ 6. Legitimate? Yes 7. Date of birth 4 / 1 / 32
Month Day Year
5. No. in order of birth _____

8. FATHER
Full name Ignacio Rodriguez
9. Residence (Usual place of abode) Miami Arizona
If non-resident, give place and state.

14. MOTHER
Full maiden name Marcellina Dominguez
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 32 (Years)

16. Color or race Mexican
17. Age at last birthday 32 (Years)

12. Birthplace (city or place) Durango, Durango Mexico
(State or country)

13. Birthplace (city or place) Zacatecas
(State or country) Zacatecas, Mexico

13. Occupation
Nature of Industry Miner

19. Occupation
Nature of Industry Housewife

20. Number of children of this mother: (a) Born alive and now living 4
(b) Born alive but now dead 1
(c) Stillborn _____
(Taken as of time of birth of child herein certified and including this child.)
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 _____
(Physician or midwife)

Given name added from a supplemental report: _____
Month, day, year: 599-4101-449
Registrar: _____
Address: _____
Filed: April 9, 1932
Registrar: C. E. Drum
Basa Carter

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.