

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS STANDARD CERTIFICATE OF BIRTH

State File No. 944
Registered No. 172

1. PLACE OF BIRTH

County Yuma State Ariz.
Township Clayton
City Clayton No. 78 Street Yuma Ward 1
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Celestus Rodriguez If child is not yet named, make supplemental report, as directed

Sex Male If plural Births None 4. Twin, triplet, or other None 6. Premature Yes 8. Date of birth June 22 1932
Full term Yes (Month, day, year)

9. Full name of father Celestus Rodriguez 18. Full name of mother Maria Rodriguez

10. Residence (usual place of abode) Clayton, Yuma Co., Ariz. 19. Residence (usual place of abode) Clayton, Yuma Co., Ariz.
(If nonresident, give address)

11. Color of hair Black 12. Age at last birthday 37 (Years) 20. Color of eyes Blue 21. Age at last birthday 25 (Years)

13. Birthplace (city or place) Mexico 22. Birthplace (city or place) Mexico
(State or country)

<p>OCCUPATION</p> <p>14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>None</u></p> <p>15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>None</u></p> <p>16. Date (month and year) engaged in this work <u>None</u> Total time (years) spent in this work <u>None</u></p>	<p>OCCUPATION</p> <p>23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>None</u></p> <p>24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>None</u></p> <p>25. Date (month and year) last engaged in this work <u>None</u> 26. Total time (years) spent in this work <u>None</u></p>
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27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 5 (b) Born alive but now dead 0 (c) Stillborn 0

28. If stillborn, period of gestation None (months or weeks) 29. Cause of stillbirth None Before labor None During labor None

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 5 m. on the date above stated.

{ When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Signed Informant only or Maria Rodriguez, Midwife

Given name added from a supplemental report None (Date of) None Address None
 Filed Aug 3, 1932 C. E. Drinn Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
 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.