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ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. _____

Registered No. 35

1. PLACE OF BIRTH

County Gila State Arizona

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 Francisco Rodriguez, (If child is not yet named, make supplemental report, as directed)

3. Sex Male | If plural births: 4. Twin, triplet, or other _____ 5. Number, in order of birth _____ | 6. Premature _____ Full term x | 7. Legitimate? Yes | 8. Date of birth October 4th, 1933 (Month, day, year)

FATHER	MOTHER
9. Full name Jose Rodriguez,	18. Full maiden name Ramona Orosco
10. Residence (usual place of abode) (If non-resident, give place and State) Hayden, Arizona	19. Residence (usual place of abode) (If non-resident, give place and State) Hayden, Arizona
11. Color or race Mexican 12. Age at last birthday 26 (Years)	20. Color or race Mexican 21. Age at last birthday 27 (Years)
13. Birthplace (city or place) San Miguel del Alto (State or country) Jalisco, Mexico	22. Birthplace (city or place) Yuma, (State or country) Arizona
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Unemployed	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Home
16. Date (month and year) last engaged in this work April, 1933	25. Date (month and year) last engaged in this work October, 1933
17. Total time (years) spent in this work 7	26. Total time (years) spent in this work 4

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 2 (b) Born alive but now dead 0 (c) Stillborn 0

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3:00 P.m. on the date above stated

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

(Signed) Charles B. Hutchins M.D.

or _____ Midwife

Address Hayden, Arizona

Filed October 7th 1933 W. B. Park Registrar.

Given named added from a supplemental report _____ (Date of)

699-1004-966 Registrar.