ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 102

Registered No.

Arizona

1. PLACE OF BIRTH

County Gila

Township

City Miami

Ward

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

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

3. Sex Male

4. If plural births: 4. Twin, triplet, or other 5. Number, in order of birth

6. Premature Full term

7. Legitimate? Yes

8. Date of birth Dec 10 1933 (Month, day, year)

FATHER

9. Full name Martin Rodriguez

10. Residence (usual place of abode) (If non-resident, give place and State) Miami

11. Color or race Mex

12. Age at last birthday 27 (Years)

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

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Worker

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Sawyer

16. Date (month and year) last engaged in this work 19

17. Total time (years) spent in this work

MOTHER

18. Full maiden name Margarita Montoya

19. Residence (usual place of abode) (If non-resident, give place and State) Miami

20. Color or race Mex

21. Age at last birthday 28 (Years)

22. Birthplace (city or place) San Jose (State or country) New Mexico

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housekeeper

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. home

25. Date (month and year) last engaged in this work 19

26. Total time (years) spent in this work

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 6 (b) Born alive but now dead (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 or stillborn at 11 a.m. on the date above stated

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

(Signed) Leonard D. Bonyhay M.D.

or

Address Miami, Ariz.

Given name added from a supplemental report (Date of)

Registrar

Filed Jan. 14 1934 C. M. Hall Registrar

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