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ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS.

ORIGINAL CERTIFICATE OF BIRTH.

PLACE OF BIRTH

County of Gila

District of Globe

~~Town~~ of

or

City of Globe

State Index No. 9

Co. Register No. 74

Local Registrar's No.

(No. St; Ward)

FULL NAME OF CHILD Rosa Rodriguez

Born / Alive YES ~~NO~~

If child is not named, make Supplemental Report on blank obtainable from local registrar.

Sex of Child	Twin, Triplet or other	and	Number in order of birth	Legitimate?	Date of Birth
Female	4		4	Yes	April 7 1913 (Month) (Day) (yr.)

FATHER		MOTHER	
Full Name	Aquiles Rodriguez	Full Maiden Name	Juana Balesteros
Residence	Broad St.	Residence	Same
Color or Race	Mexican	Color or Race	Mexica
Age at last Birthday	38 (Years)	Age at last Birthday	28 (Years)
Birthplace	Hermosillo, Mexico	Birthplace	Guaymas, Son. Mexico
Occupation	Tailor	Occupation	Housewife

Number of child of this mother 4 | Number of children, of this mother, now living 4 | Were precautions taken against Ophthalmia neonatorum? Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of above child; and that it occurred on April 7 1913, at 2 P.M.

*When there is no attending physician or midwife, then the householder should make this return.

(Signature) C. T. Sturgeon
(Attending physician, midwife, householder.*)

Given or christian name added from a supplemental report 191

Address

Filed 4/26 1913

B. G. Fox
LOCAL REGISTRAR.

999-407-122
COUNTY REGISTRAR.

Filed 5/5 1913

True Copy B. G. Fox MD
COUNTY 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, in order of birth, stated. This certificate must be filed by the attending Physician or Midwife with each local Registrar within 5 days after birth.