[redacted]

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 102

Co. Register No. 407

Local Registrar's No. 54

PLACE OF BIRTH

County of Gila

District of Arizona

Town of Hayden
or
City of

(No. ..... St; ..... Ward)

FULL NAME OF CHILD Rosa Crosco

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

Born Alive: YES ~~NO~~

Sex of Child	Twin, Triplet or other	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Yr.)
Female	single		1	yes	Nov. 10 1914

FATHER

Full Name: Vicente Crosco

Residence: Hayden

Color or Race: Mexican — Age at last Birthday: 24 (Years)

Birthplace: Mexico

Occupation: Laborer

MOTHER

Full Maiden Name: Maria Rodriguez

Residence: Hayden

Color or Race: Mexican — Age at last Birthday: 21 (Years)

Birthplace: Mexico

Occupation: Woman wife

Number of child of this mother: 1 | Number of children, of this mother, now living: 1 | 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 Nov 10 1914, at 3 P.M.

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

(Signature) H. C. Norman
(Attending physician, midwife, householder.*)

Address Hayden

Given or christian name added from a supplemental report ..... 191.....

Filed Dec 1 1914 — H. C. Norman, LOCAL REGISTRAR.

966-1110-499
COUNTY REGISTRAR.

Filed Jan 7 1916 — A True Copy — B. G. Fox, COUNTY REGISTRAR.

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.