

Midwife with each local Registrar within 5 days after birth.

**PLACE OF BIRTH**

**ARIZONA STATE BOARD OF HEALTH**

County of Gila

BUREAU OF VITAL STATISTICS **146** State Index No. **482**

District of \_\_\_\_\_

**ORIGINAL CERTIFICATE OF BIRTH** Co. Register No. 121

Town of Miami

Local Registrar's No. \_\_\_\_\_

or \_\_\_\_\_

(No. Adobe Hill St. Concepcion Hill Ward)

FULL NAME OF CHILD Rodolfo Alcalá } Born } YES  
 If child is not named, make Supplemental Report on blank obtainable from local registrar. } Alive } NO

Sex of Child male } and } Number in order of birth \_\_\_\_\_ } Legitimate? Yes } Date of Birth May 18 1915  
 (Month) (Day) (Yr.)

**FATHER**  
 Full Name Graciano Alcalá  
 Residence Miami, Ariz.  
 Color or Race Mexican Age at last Birthday 33 (Years)  
 Birthplace Mexico  
 Occupation Miner

**MOTHER**  
 Full Maiden Name Larunza Gracia  
 Residence Miami, Ariz.  
 Color or Race Mexican Age at last Birthday 21 (Years)  
 Birthplace Mexico  
 Occupation Housewife

Number of child of this mother 2<sup>nd</sup> Number of children, of this mother, now living 2 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 May 18 1915, at 10450 M.  
 (\*When there is no attending physician or midwife, then the householder should make this return.) (Signature) J. A. Miller MD  
 (Attending physician, midwife, householder. \*)

Given or christian name added from a supplemental report \_\_\_\_\_ 191\_\_\_\_ Address Miami Ariz.

Filed May 20 1915 John H. Deery LOCAL REGISTRAR

911-518-371 Filed June 5 1915 A True Copy B. J. Fox COUNTY REGISTRAR

My Commission expires Mar 25 1919