PLACE OF BIRTH
County of Gila
District of
Town of Miami
or
City of

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS 124 State Index No. 497

ORIGINAL CERTIFICATE OF BIRTH

Co. Register No. 250

Local Registrar's No.

(No. St; Ward)

FULL NAME OF CHILD Jose Rodriguez

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
Male	One		One	yes	Aug 12 1916 (Month) (Day) (Yr.)

FATHER	MOTHER
Full Name José Rodriguez	Full Maiden Name Maria Castro.
Residence Miami	Residence Miami.
Color or Race Spanish Age at last Birthday 34 (Years)	Color or Race Spanish Age at last Birthday 19 (Years)
Birthplace Spain.	Birthplace Spain.
Occupation Miner.	Occupation Housewife

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 the above child; and that it occurred Aug 12 1916, at 1 P. M.

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

(Signature) B. W. Hardy. M. D.
(Attending physician, ~~midwife, householder.~~*)

Address Miami Ariz.

Given or Christian name added from a supplemental report 191

Filed Aug 17 1916. John H. Long
LOCAL REGISTRAR.

199-812-436
COUNTY REGISTRAR.

Filed Sept 7 1916. A True Copy B. G. Joy M.D.
COUNTY REGISTRAR.