

PLACE OF BIRTH  
 County of Gila ARIZONA STATE BOARD OF HEALTH  
 BUREAU OF VITAL STATISTICS State Index No. 171  
 District of Winkelman ORIGINAL CERTIFICATE OF BIRTH Co. Register No. 123  
 Town of Winkelman Local Registrar's No. 1  
 City of \_\_\_\_\_ (No. \_\_\_\_\_ St; \_\_\_\_\_ Ward)

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

Sex of child Male Twin, Triplet } and } Number in order of birth 1st Legitimate? Yes Date of Birth March 28 1917  
 (Month) (Day) (Yr.)

FATHER		MOTHER	
Full Name	<u>Jose Aranda</u>	Full Maiden Name	<u>Suzana Balana</u>
Residence	<u>Near Winkelman</u>	Residence	<u>Near Winkelman</u>
Color or Race	<u>Mexican</u>	Color or Race	<u>Mexican</u>
Age at last Birthday	<u>26</u> (Years)	Age at last Birthday	<u>21</u> (Years)
Birthplace	<u>N. S.</u>	Birthplace	<u>N. S.</u>
Occupation	<u>Miner</u>	Occupation	<u>House-wife</u>

Number of children of this mother 1st 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 the above child; and that it occurred on March 27 1917, at 9 P. M.  
 \*When there is no attending physician or midwife, then the householder could make this return.  
 (Signature) M. G. Marden, M.D.  
 (Attending physician, midwife, householder.\*)

Given or Christian name added from a Supplemental report \_\_\_\_\_ 191\_\_\_\_  
 Address Winkelman

Filed Mar 30 1917 LOCAL REGISTRAR. H. Roberts  
 Filed Apr 23 1917 A True Copy COUNTY REGISTRAR. B. G. Coy

111-328-221  
 COUNTY REGISTRAR.