ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 142

Co. Registrar's No. 112

Local Registrar's No.

PLACE OF BIRTH

County of Gila

District of

Town of Miami

or

City of (No. St; Ward)

FULL NAME OF CHILD Raoul Rodriguez — Born Alive YES ~~NO~~

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

Sex of Child Boy | ~~Twin, Triplet~~ or other | and | Number in order of birth 1 | Legitimate? yes | Date of Birth Feb. 13 1920 (Month Day Yr.)

FATHER		MOTHER	
Full Name	Castro Rodriguez	Full Maiden Name	Ignacio Lora
Residence	Miami, Arizona	Residence	Miami, Arizona
Color or Race	Mex	Color or Race	Mex
Age at last Birthday	28 Years	Age at last Birthday	20 Years
Birthplace	Chihuahua, Mexico	Birthplace	Tepic, Mexico
Occupation	Smelterman	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 on Feb. 13, 1920, at 5:30 M.

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

Signature Cyril M. Cron M.W.

Attending physician, ~~midwife, householder.~~*

Address Miami, Arizona

Given or Christian name added from a supplemental report 191

Filed 2/28 1920 — T.H. Slaughter, LOCAL REGISTRAR.

999-213-931 COUNTY REGISTRAR.

Filed Mar 5 1920 — A True Copy — B. G. Jay, COUNTY REGISTRAR.

RETURN must be made for each child at birth, a S... 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.