191

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 133

Co. Registrar's No. 278

Local Registrar's No. ____

PLACE OF BIRTH

County of Gila

District of ____

Town of ____ or City of Miami (No. ____ St; ____ Ward)

FULL NAME OF CHILD Rodolpho Rodriguez | Born Alive | YES ~~NO~~

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

Sex of Child	Twin, Triplet or other	and	Number in order of birth	Legitimate?	Date of Birth (Month)	(Day)	(Yr.)
Male				Yes	May	7	1920

FATHER		MOTHER	
Full Name	Augustine Rodriguez	Full Maiden Name	Rita Gonzalez
Residence	Miami Ariz	Residence	Miami
Color or Race	Mexican	Color or Race	Mexican
Age at last Birthday	45 Years	Age at last Birthday	29 Years
Birthplace	Mexico	Birthplace	Mexico
Occupation	Miner	Occupation	House wife

Number of child of this Mother 3 | 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 May 7 1920 at 12 M.

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

Signature C. I. Sotel
Attending physician, ~~midwife, householder.~~*

Given or Christian name added from a supplemental report ____ 191__

Address Miami Ariz

Filed 5/31/1920

H. Slaughter
LOCAL REGISTRAR.

999-507-979
COUNTY REGISTRAR.

A True Copy

Filed 6-5 1920

B. G. Fox
COUNTY REGISTRAR.

or midwife with each local Registrar within 5 days after birth.