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ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 187
Co. Registrar's No. 307
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 Fred Rodgers — Born Alive: YES ~~NO~~

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

Sex of Child: Male — ~~Twin, Triplet~~ or other: ____ and Number in order of birth: 3 — Legitimate? yes — Date of Birth: Month May, Day 30, Yr. 1920

FATHER	MOTHER
Full Name: Leopold J. Rodgers	Full Maiden Name: Susie Mercier
Residence: Miami, Arizona	Residence: Miami, Arizona
Color or Race: Spanish — Age at last Birthday: 34 Years	Color or Race: French — Age at last Birthday: 24 Years
Birthplace: Argentine, S. A.	Birthplace: Globe, Arizona
Occupation: Tailor	Occupation: Housewife

Number of child of this Mother: 3 — Number of Children, of this mother, now living: 3 — 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 30, 1920 at 1 P. M.

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

Signature: Cyril McCron M.D.
Attending physician, ~~midwife, householder.~~*

Address: Miami, Arizona

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

Filed 5/31/1920 — T. H. Slaughter, LOCAL REGISTRAR.

692-530-249
COUNTY REGISTRAR.

Filed 6-7 1920 — A True Copy: B. G. Fia
COUNTY REGISTRAR.