

4304

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

County of Gila
District of Winkelmann
Town of Winkelmann
or
City of _____

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 152
Co. Register No. 353
Local Registrar's No. 1

FULL NAME OF CHILD - Roda

Born YES
Alive NO

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

Sex of Child <u>Male</u>	Twin, Triplet or other	and	Number in order of birth	Legitimate <u>yes</u>	Date of Birth <u>June 30 1930</u> (Month) (Day) (Yr.)
FATHER			MOTHER		
Full Name <u>Pedro Rada</u>			Full Maiden Name <u>Lebrada Carrisona</u>		
Residence <u>Winkelmann Ariz</u>			Residence <u>Winkelmann Ariz</u>		
Color or Race <u>Mx</u>	Age at last Birthday <u>22</u> (Years)			Color or Race <u>Mx</u>	Age at last Birthday <u>18</u> (Years)
Birthplace <u>South Ariz Sonora Mex</u>			Birthplace <u>Arizona</u>		
Occupation <u>Rancher</u>			Occupation <u>Housewife</u>		
Number of child of this mother <u>1</u>	Number of children, of this mother, now living <u>1</u>	Were precautions taken against Ophthalmia neonatorum? <u>yes</u>			

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of above child; and that it occurred on June 30 1930 at 11:30 A.M.

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

(Signature) Edward S. Wood
(Attending physician, midwife, householder.)*

Given or christian name added from a supplemental report _____ 191_____

Address Winkelmann Ariz

Filed July 7 1930

H. Roberts
LOCAL REGISTRAR.

091-630-331
COUNTY REGISTRAR.

Filed 7-9 1930

A True Copy R. J. S. J. S. J.
COUNTY REGISTRAR.