

ARIZONA STATE BOARD OF HEALTH

County of Pima BUREAU OF VITAL STATISTICS State Index No. 104 ✓
 District of _____ ORIGINAL CERTIFICATE OF BIRTH Co. Registrar No. 337
 Town of Miami Local Registrar's No. _____
 or _____
 City of _____ (No. _____ St. _____ Ward)

FULL NAME OF CHILD Robert Ben Rodriguez { Born YES }
 If child is not named, make Supplemental Report on blank obtainable from local Registrar. { Alive }

Sex of Child <u>M</u>	Twin, Triplet or other <u>1</u>	{ and }	Number in order of birth <u>3</u>	Legitimate? <u>Y</u>	Date of Birth <u>June 3 '21</u> (Month) (Day) (Yr.)
FATHER			MOTHER		
Full Name <u>Abelino Rodriguez</u>			Full Maiden Name <u>Lillian Blaine</u>		
Residence <u>Miami</u>			Residence <u>Miami</u>		
Color or Race <u>Spaniard</u>	Age at last Birthday <u>26</u> (Years)	Color or Race <u>Mex</u>		Age at last Birthday <u>24</u> (Years)	
Birthplace <u>Spain</u>			Birthplace <u>Texas</u>		
Occupation <u>Miner</u>			Occupation <u>N</u>		
Number of Child of this mother <u>3</u>	Number of children of this mother now living <u>3</u>	Were precautions taken against Ophthalmia neonatorum? <u>Yes</u>			

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

hereby certify that I attended the birth of the above child, and that it occurred on June 3 1921, at M.

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

(Signature) Charles E. Lion MD
 (Attending physician, midwife, householder.*)

Given or Christian name added from a Supplemental report _____ 1921 Filed June 10 1921 Address Miami Arizona
B. W. Hardy MD
 LOCAL REGISTRAR.

999-603-325 Filed July 5 1921 A True Copy B. G. ...
 COUNTY REGISTRAR. COUNTY REGISTRAR.