ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 120

Co. Registrar's No. 357

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 Frank Rochin | 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
Male			2	yes	June 16 1921 (Month, Day, Yr.)

FATHER		MOTHER	
Full Name	Lorenzo Rochin	Full Maiden Name	A. Carillo
Residence	Miami Ariz	Residence	Miami Ariz
Color or Race	~~white~~ Mexican	Color or Race	~~white~~ Mexican
Age at last Birthday	23 Years	Age at last Birthday	20 Years
Birthplace	Mexico	Birthplace	Mexico
Occupation	Laborer	Occupation	Housewife

Number of child of this Mother 2 | 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 6/16/ 1921, at 6 A.M.

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

Signature T H Slaughter
Attending physician, midwife, householder.*

Address Miami Ariz

Given or Christian name added from a supplemental report ..... 191..

Filed June 18 1921

B W Hardy MD
LOCAL REGISTRAR.

695-616-136
COUNTY REGISTRAR.

Filed July 5 1921

A True Copy

R. G. Fox
COUNTY REGISTRAR.

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.