

920

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Gila
District of _____
Town of Miami
or _____
City of _____ No. 921 Live Oak St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 100
Co. Registrar No. 253
Local Registrar No. _____

2. Full name of child Trinidad Rodriguez } If child is not yet named, make supplemental report, as directed

3. Sex of child female } To be answered ONLY in event of plural births. 4. Twin, triplet or other _____ 5. No., in order of birth _____ 6. Legitimate? yes 7. Date of birth Aug. 6. 1922 (Month, day, year)

8. FATHER
Full name Cruz Rodriguez

14. MOTHER
Full maiden name Anna Barron

9. Residence Miami, Ariz.
(Usual place of abode)
If nonresident, give place and State

15. Residence Miami, Ariz.
(Usual place of abode)
If nonresident, give place and State

10. Color or race Mexican 11. Age at last birthday 27 (Years)

16. Color or race Mexican 17. Age at last birthday 29 (Years)

12. Birthplace (city or place) Mexico
(State or country)

18. Birthplace (city or place) Mexico
(State or country)

13. Occupation miner (Copper)
Nature of Industry

19. Occupation Housewife
Nature of Industry

20. Number of children of this mother (Taken as of time of birth of child here-in certified and including this child.) } (a) Born alive and now living 2 (b) Born alive but now dead 0 (c) Stillborn 0

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 12:30 P. m. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature J. J. [unclear]
(Physician or midwife)

Address Miami, Ariz.

Given name added from a supplemental report _____
(Month, day, year)

Filed Aug 14 1922 B. G. [unclear]
Local Registrar.

399-806-125
Registrar.

Filed 9-7 1922 B. G. [unclear]
County Registrar.