

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.

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

PLACE OF BIRTH
1. County of Cocon
District of _____
Town of _____
or _____
City of Miami

State Index No. 107
County Registrar No. 577
Local Registrar No. _____

2. Full name of child Francesca Rodriguez
(If birth occurred in a hospital or institution, give its NAME instead of street and number)
If child is not yet named, make supplemental report, as directed.

3. Sex of Child Male 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 Sept-4-1923
Month Day Year

8. FATHER
Full name Paulo Rodriguez

14. MOTHER
Full maiden name Maria Amaya

9. Residence (Usual place of abode) Lower Miami
If nonresident, give place and state

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If nonresident, give place and state

10. Color or race Mexican 11. Age at last birthday 32 (Years)

16. Color or race Mexican 17. Age at last birthday 30 (Years)

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

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

13. Occupation
Nature of industry Miner

19. Occupation
Nature of industry Housewife

20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.)
(a) Born alive and now living 6
(b) Born alive but now dead None
(c) Stillborn None

21. Were precautions taken against ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at 8 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 [Signature]
Address Miami, Arizona

Given name added from a supplemental report _____
Month, day, year. _____
Registrar.

Filed Sept 30 19 23 [Signature] Local Registrar.
Filed 10-5 19 23 [Signature] County Registrar.

699-904-411