

1124

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 Pima
District of _____
Town of Miami
or
City of _____
No. 915 Rose Road
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

State Index No. 161
County Registrar No. 424 423
Local Registrar No. _____

2. Full name of child Rogacion Ennis
(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 May 25, 1914
Month day year

8. FATHER Full name <u>Francisco Babe Ennis</u>		14. MOTHER Full maiden name <u>Annie Fuller</u>	
9. Residence (Usual place of abode) <u>Miami, Arizona</u> If nonresident, give place and state		15. Residence (Usual place of abode) <u>Miami, Arizona</u> If nonresident, give place and state	
10. Color or race <u>Mexican</u>	11. Age at last birthday <u>24</u> (Years)	16. Color or race <u>Mexican</u>	17. Age at last birthday <u>18</u> (Years)
12. Birthplace (city or place) <u>Phoenix</u> (State or country) <u>Arizona</u>		18. Birthplace (city or place) _____ (State or country) <u>Mexico</u>	
13. Occupation <u>Trainman</u> Nature of industry <u>Copper mining</u>		19. Occupation <u>Housewife</u> Nature of industry _____	

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 1
(b) Born alive but now dead 0
(c) Stillborn 0

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 alive (Born alive or stillborn.) at 4 A. m. on the date above stated.

*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 evidences of life after birth.
Given name added from a supplemental report _____
Month, day, year. _____

Signature J. J. Miller (Physician Midwife)
Address Miami, Arizona
Filed May 31, 1924 C. E. Davis Local Registrar.
Filed 6-6 :24 R. G. Fox County Registrar.

Registrar.

952-525-169