

2511

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

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

2. Full name of child Rafugio Radrigo { 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 5 6. Legitimate? yes 7. Date of birth July 29 1924
Month Day Year

8. FATHER	14. MOTHER
Full name <u>Francis Radrigo</u>	Full maiden name <u>Trana Perez</u>
9. Residence (Usual place of abode) <u>Inspiration</u> If nonresident, give place and state <u>Arizona</u>	15. Residence (Usual place of abode) <u>Inspiration</u> If nonresident, give place and state <u>Ariz</u>
10. Color or race <u>Mexican</u>	16. Color or race _____
11. Age at last birthday <u>39</u> (Years)	17. Age at last birthday <u>37</u> (Years)
12. Birthplace (city or place) <u>Mexico</u> (State or country) <u>Mexico</u>	18. Birthplace (city or place) <u>Mexico</u> (State or country) <u>Mexico</u>
13. Occupation <u>Mill Hand</u> Nature of industry <u>Oppm. Concentrate</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 <u>5</u> (b) Born alive but now dead <u>0</u> (c) Stillborn <u>0</u>	21. Were precautions taken against ophthalmia neonatorum? <u>yes</u>

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive at 5.9 a.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 John Hagan M.D. (Physician or midwife)
Address Inspiration Ariz

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

Filed Aug 31 1924 _____ Local Registrar.
Filed 9-5 1924 A. G. J. W. County Registrar.

992-729-379

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.