

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH,

State File No. 640 B
 Registered No. 80-2

1. PLACE OF BIRTH

County Yavapai State Arizona
 District or Township _____ or Village _____
 City Prescott No. 219 N. Granite St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Manuela Rodarte (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 Feb. 24, 1925
 Month Day Year

8. FATHER
 Full name Augustine Rodarte

14. MOTHER
 Full maiden name Isabel Marcial

9. Residence (Usual place of abode) 219 N. Granite
 If non-resident, give place and state.

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 If non-resident, give place and state.

10. Color or race Mexican 11. Age at last birthday 35 (Years)

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

12. Birthplace (city or place) Zacatecas
 (State or country) Zacatecas Mex

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

13. Occupation Musician
 Nature of Industry _____

19. Occupation At home
 Nature of Industry _____

20. Number of children of this mother 6 (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 2
 (c) Stillborn _____ 21. Were precautions taken against ophthalmia neonatorum? _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 2:30 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 Augustine Rodarte
Father (Physician or midwife).

Given name added from a supplemental report _____ Address 219 N. Granite St.

Month, day, year 495-224-943 Filed 6/15/27
 Registrar _____

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD