

# ARIZONA STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS STANDARD CERTIFICATE OF BIRTH

State File No. 199  
Registered No. 189

**1. PLACE OF BIRTH**

County Yuma State Arizona  
District or Township \_\_\_\_\_ of Village \_\_\_\_\_  
City Miami No. 606 Live Oak St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

**2. Full name of child**

Christina Borcardo (If child is not yet named, make supplemental report, as directed.)

**3. Sex of Child**

To be answered ONLY in event of plural births.

**4. Twin, triplet or other**

**5. Legitimate?**

**6. Date of birth**

July 24 - 1925  
Month Day Year

**8. FATHER**

Full name Jenaro Borcardo

9. Residence (Usual place of abode) Miami, Ariz  
If non-resident, give place and state.

10. Color or race Mexican

11. Age at last birthday 42 (Years)

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

13. Occupation Barber  
Nature of industry \_\_\_\_\_

**14. MOTHER**

Full maiden name Lucia Rodriguez

15. Residence (Usual place of abode) Miami, Ariz  
If non-resident, give place and state.

16. Color or race Mexican

17. Age at last birthday 37 (Years)

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

19. Occupation \_\_\_\_\_  
Nature of industry House wife

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 5  
(b) Born alive but now dead 1  
(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 29 in, on the date above stated  
(Born alive or \_\_\_\_\_.)

\* 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 E. J. Jotelin  
Miami, Ariz  
(Physician or midwife)

Given name added from a supplemental report \_\_\_\_\_ Address \_\_\_\_\_  
Month, day, year 326-724-399 Filed Aug 1, 1925 C. E. Irwin  
Registrar Registrar

MARGIN RESERVED FOR BINDING. 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.