

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

State File No. 167  
 Registered No. 235

**1. PLACE OF BIRTH**

County Cocon State Arizona  
 District or Township \_\_\_\_\_ or Village \_\_\_\_\_  
 City Mesa No. 69 Miami Ave St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

**2. Full name of child**

Jose Robledo

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**

Aug 14 - 1925  
 Month Day Year

**8. FATHER**

Full name

Pedro Robledo

**9. Residence**

(Usual place of abode)

Mesa, Ariz

If non-resident, give place and state.

**10. Color or race**

Mexican

11. Age at last birthday 32 (Years)

**12. Birthplace (city or place)**

Mexico

(State or country)

**13. Occupation**

Nature of industry

miner

**14. MOTHER**

Full maiden name

Margarita Vasquez

**15. Residence**

(Usual place of abode)

Mesa, Ariz

If non-resident, give place and state.

**16. Color or race**

Mexican

17. Age at last birthday 24 (Years)

**18. Birthplace (city or place)**

Mexico

(State or country)

**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 3

(b) Born alive but now dead 4

(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 \_\_\_\_\_ m. on the date above stated  
(Born alive or ~~dead~~)

Signature \_\_\_\_\_

D. L. Patel, M.D.  
Mesa, Ariz  
(Physician or midwife)

\* 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.

Given name added from a supplemental report \_\_\_\_\_

Month, day, year \_\_\_\_\_

Address \_\_\_\_\_

Registrar \_\_\_\_\_

Filed \_\_\_\_\_

Aug 23, 25 C. E. Drin

Registrar \_\_\_\_\_

196-814-459

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.