

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

State File No. 157
 Registered No. 299

1. PLACE OF BIRTH

County Gila State Arizona
 District or Township Lower Miami or Village _____
 City Miami No. Lower Miami St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child

Dionicio Rodriguez

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 0 5. No., in order of birth _____ 6. Legitimate? yes 7. Date of birth Oct 9, 1925
 Month Day Year

8. FATHER
 Full name Esteban Rodriguez

14. MOTHER
 Full maiden name Maria Gonzalez

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

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

10. Color or race
Mexican 11. Age at last birthday 30 (Years)

16. Color or race
Mexican 17. Age at last birthday 22 (Years)

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

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

13. Occupation
 Nature of industry Foreman Cement house
Copper mining

19. Occupation
 Nature of industry Housewife

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 3
 (b) Born alive but now dead 3
 (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 at 1 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 J. J. Miller

Miami, Arizona
(Physician or midwife)

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

Address Miami, Arizona

Registrar _____

Filed Oct 12, 1925 C. E. Davis
 Registrar

WRITE PLAIN. 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 birth stated.

499-1009-472