

WRITE PLAIN INK UNFADING INK—THIS IS A PERMANENT RECORD
 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.

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Gila
 District of _____
 Town of Christman
 or _____
 City of _____

BUREAU OF VITAL STATISTICS
 ORIGINAL CERTIFICATE OF BIRTH

State Index No. 144-a
 County Registrar No. _____
 Local Registrar No. _____

2. Full name of child Maria Luisa Rojas } 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 Aug 4 1926
 Month _____ day _____ year _____

8. FATHER
 Full name Juan Rojas
 9. Residence (Usual place of abode) Christman
 If nonresident, give place and state _____
 10. Color or race Mexico
 11. Age at last birthday 22 (Years)
 12. Birthplace (city or place) (State or country) San Luis Potosi Mex
 13. Occupation Miner
 Nature of industry Copper Mine

14. MOTHER
 Full maiden name Rebecca Cano
 15. Residence (Usual place of abode) Christman
 If nonresident, give place and state _____
 16. Color or race Mexican
 17. Age at last birthday 16 (Years)
 18. Birthplace (city or place) (State or country) Mouree, Arizona
 19. Occupation _____
 Nature of industry Housewife

20. Number of children of this mother. (a) Born alive and now living 1
 (b) Born alive but now dead 0
 (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 _____ at 8:00 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 evidences of life after birth.
 Signature Juan Rojas - Father
 (Physician or midwife)
 Address Christman, Arizona

Given name added from _____
 a supplemental report _____
 Month, day, year. _____ Filed Sept 1st 1926
 Registrar. _____ Local Registrar. _____
 Filed _____ 19 _____ County Registrar. _____

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