

# ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS  
STANDARD CERTIFICATE OF BIRTH

State File No. 193  
Registered No. 274

**1. PLACE OF BIRTH**

County Gila State Arizona

District or Township \_\_\_\_\_ or Village \_\_\_\_\_

City Miami No. 711 Church Hill St. \_\_\_\_\_ Ward \_\_\_\_\_

2. Full name of child Ricardo Rodriguez  
(If birth occurred in a hospital or institution, give its NAME instead of street and number) }  
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. \_\_\_\_\_ 6. Legitimate? yes  
5. No., in order of birth \_\_\_\_\_ 7. Date of birth June 27 - 1928  
Month Day Year

**8. FATHER**  
Full name Encarnacion Rodriguez

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

10. Color or race Mex. 11. Age at last birthday 28 (Years)

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

13. Occupation Miner  
Nature of industry

**14. MOTHER**  
Full maiden name Matilda Moural

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

16. Color or race Mex. 17. Age at last birthday 21 (Years)

18. Birthplace (city or place) Sonora Mex.  
(State or country)

19. Occupation Housewife  
Nature of industry

20. Number of children of this mother 2  
(Taken as of time of birth of child herein certified and including this child). } (a) Born alive and now living 2  
(b) Born alive but now dead \_\_\_\_\_  
(c) Stillborn \_\_\_\_\_

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 born alive at 5 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 Byril M. Brown M.D.

Given name added from a supplemental report \_\_\_\_\_ Address Miami, Arizona (Physician or midwife)

Month, day, year \_\_\_\_\_ Filed July 3, 1928 Registrar L. E. Tom

799-627-1413

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.