

do for each, and the number of each in
SEPARATE RETURN must
order of birth stated.
In case of more than one child at birth, a

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

State File No. 116
Registered No. 295

1. PLACE OF BIRTH

County Gila State Arizona
District or Township _____ or Village _____
City Miami No. 523 Gibson St St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Margarita 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 _____ 6. Legitimate? yes 7. Date of birth July 4-1928
Month Day Year

8. FATHER
Full name Antonio Rojas

14. MOTHER
Full maiden name Trinidad Gutierrez

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

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

10. Color or race Mex

16. Color or race Mex

11. Age at last birthday 27 (Years)

17. Age at last birthday 22 (Years)

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

18. Birthplace (city or place) Baja
(State or country) Calif.

13. Occupation
Nature of industry Miner

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 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 10¹⁰A. m. on the date above stated.
(Born alive or stillborn)

Signature Byril M. Brown M.D.
(Physician or midwife)

Given name added from _____ Address Miami, Arizona

Month, day, year _____ Filed July 12, 1928

Registrar. C. E. Dorn Registrar.

492-704-379