

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

State File No. 158  
 Registered No. 321

**1. PLACE OF BIRTH**

County Gila State Arizona  
 District or Township \_\_\_\_\_ or Village \_\_\_\_\_  
 City Miami No. 51 Mexican Canyon St., \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Vicente Rodriguez  
(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 July 19 1928  
 Month Day Year

8. FATHER  
 Full name Andres Rodriguez

14. MOTHER  
 Full maiden name Perpetua Lunaris

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

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 If non-resident, give place and state.

10. Color or race Mexican  
 11. Age at last birthday 26 (Years)

16. Color or race Mexican  
 17. Age at last birthday 26 (Years)

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

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

13. Occupation Miner  
 Nature of industry Copper

19. Occupation Housewife  
 Nature of industry \_\_\_\_\_

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 1  
 (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 10:25 P m. on the date above stated.  
 (Born alive or stillborn)

Signature J. F. Miller  
 \_\_\_\_\_  
 (Physician or midwife)

Given name added from a supplemental report \_\_\_\_\_ Address Miami, Arizona

Month, day, year \_\_\_\_\_ Filed July 26 19 28

Registrar. \_\_\_\_\_ Registrar. C. E. Smith

599-719-732

Each in duplicate for each, and number of order of birth stated.