

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

State File No. 174  
 Registered No. 370

**1. PLACE OF BIRTH**

County Gila State Arizona  
 District or Township \_\_\_\_\_ or Village \_\_\_\_\_  
 City Miami No. 711-B Live Oak St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (If birth occurred in a hospital or institution, give its NAME instead of street and number)

**2. Full name of child**

Rosalie Ortiz (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**

5. No., in order of birth \_\_\_\_\_

**6. Legitimate?**

yes

**7. Date**

of birth August 30 1918  
 Month Day Year

**8. FATHER**

Full name Ygnacio Ortiz

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

**10. Color or race**

Mexican

11. Age at last birthday 44 (Years)

**12. Birthplace (city or place)**

(State or country) Mexico

**13. Occupation**

Nature of industry Miner  
Copper

**14. MOTHER**

Full maiden name Petra Gonzales

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

**16. Color or race**

Mexican

17. Age at last birthday 41 (Years)

**18. Birthplace (city or place)**

(State or country) Mexico

**19. Occupation**

Nature of industry Housewife

**20. Number of children of this mother** 14

(Taken as of time of birth of child herein certified and including this child).

(a) Born alive and now living 10

(b) Born alive but now dead 4

(c) Stillborn 0

21. Were precautions taken against ophthalmia neonatorum.

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

I hereby certify that I attended the birth of this child, who was alive at 1 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 J. J. Miller

J. J. Miller  
 (Physician or midwife)

Given name added from a supplemental report \_\_\_\_\_  
 Month, day, year \_\_\_\_\_

Address Miami, Arizona

Filed Aug 30 1918

Registrar.

Registrar.

ANALYST REC. Use for each, or answer to each

WRITE PLAINLY WITH INK. N. B.—In case of more than one child at a birth, a SEPARATE order of birth

729-30-177