

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

State File No. 121
394
Registered No. _____

1. PLACE OF BIRTH

County Mila State Arizona
District or Township _____ or Village _____
City Miami No. 1104 Linc Oak St St. _____ Ward _____

2. Full name of child Maria Louisa 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 Female 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 Sept. 6-1928
Month Day Year

8. FATHER
Full name Manuel Rodriguez
9. Residence (Usual place of abode) Miami, Arizona
If non-resident, give place and state.

14. MOTHER
Full maiden name Mercedes Martinez
15. Residence (Usual place of abode) Miami, Arizona
If non-resident, give place and state.

10. Color or race Mex. 11. Age at last birthday 22 (Years)

16. Color or race Mex. 17. Age at last birthday 18 (Years)

12. Birthplace (city or place) Clifton, Arizona
(State or country)

18. Birthplace (city or place) Tucson, Arizona
(State or country)

13. Occupation
Nature of industry miner

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

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 A. 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 Cyril M. Brown M.D.
Physician (Physician or midwife).

Given name added from _____ Address Miami, Arizona

Month, day, year _____ Filed Sept 12 1928 Registrar C. E. Dorn

499-906-449

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made order of birth stated.