

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number in order of birth stated.

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Gila  
District of Miami  
Town of Miami  
or  
City of \_\_\_\_\_

BUREAU OF VITAL STATISTICS  
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 115  
County Registrar No. 428  
Local Registrar No. \_\_\_\_\_

2. Full name of child Rosario Agene  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)  
No. Puerto Rico Cm St. home Ward \_\_\_\_\_  
If child is not yet named, make supplemental report, as directed.

3. Sex of Child Boy To be answered ONLY in event of plural births. 4. Twin, triplet or other. no 5. No., in order of birth. 1 6. Legitimate? yes 7. Date of birth Oct 7 - 1928  
Month day year

8. FATHER  
Full name Jose Agene

14. MOTHER  
Full maiden name St. Trudis Peres

9. Residence (Usual place of abode) Miami  
If nonresident, give place and state \_\_\_\_\_

15. Residence (Usual place of abode) Miami  
If nonresident, give place and state \_\_\_\_\_

10. Color or race ny 11. Age at last birthday 32 (Years)

16. Color or race ny 17. Age at last birthday 28 (Years)

12. Birthplace (city or place) Sarasota  
(State or country) Florida

18. Birthplace (city or place) Sarasota  
(State or country) Florida

13. Occupation  
Nature of industry miner

19. Occupation  
Nature of industry house wif

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 4 (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 \_\_\_\_\_ (Born alive or stillborn.) \_\_\_\_\_ m. on the date above stated.

\*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 evidences of life after birth.  
Signature L. M. Castillo (Physician or midwife)

Address \_\_\_\_\_  
Month, day, year. Filed Oct 16 28 Local Registrar. L. E. Ryan

Registrar. Filed \_\_\_\_\_ County Registrar.

915-1007-172