

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

State File No. 215
4711
Registered No. _____

1. PLACE OF BIRTH

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

2. Full name of child

Maria Jesus Rodriguez 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

5. No., in order of birth

6. Legitimate?

Yes

7. Date
of birth

the 30, 1928
Month Day Year

8. Full name

FATHER

Jouis Rodriguez

9. Residence
(Usual place of abode)

If non-resident, give place and state.

Miami
Ariz

10. Color or race

Mexican

11. Age at last birthday 23 (Years)

12. Birthplace (city or place)

(State or country)

Jalisco
Mexico

13. Occupation

Nature of industry

miner

14. Full maiden name

MOTHER

15. Residence
(Usual place of abode)

If non-resident, give place and state.

Sarah Hernandez

Miami
Ariz

16. Color or race

Mexican

17. Age at last birthday 21 (Years)

18. Birthplace (city or place)

(State or country)

Jalisco
Mexico

19. Occupation

Nature of industry

H. W.

20. Number of children of this mother

2

(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 0

(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 Born alive at 12 M 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

Charles E. Dring
M.D.

Physician or midwife.

Given name added from
a supplemental report

Month, day, year

Address

Miami Arizona

Filed

Dec 1, 28

C. E. Dring

Registrar

Registrar

499-1130-289