

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

State File No. 199  
Registered No. 131

1. PLACE OF BIRTH

County Gila State Arizona  
District or Township \_\_\_\_\_ or Village \_\_\_\_\_  
City Miami No. 801 Pine Oak St St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Maria Genovive 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 Mar. 25-1929  
Month Day Year

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

14. MOTHER  
Full maiden name Filomena Aurogo  
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 25 (Years)

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

12. Birthplace (city or place) Jalisco, Mex.  
(State or country)

18. Birthplace (city or place) Sinaloa, Mex.  
(State or country)

13. Occupation  
Nature of industry miner

19. Occupation  
Nature of industry Housewife

20. Number of children of this mother. 8 } (a) Born alive and now living 8  
(Taken as of time of birth of child herein certified and including this child.) } (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 6 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 Byrd M. Brown, M.D.  
Physician  
(Physician or midwife)

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

Address Miami, Arizona

Registrar \_\_\_\_\_

Filed Mar 31, 29 R. E. Jones  
Registrar

499-325-616

filed at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.