

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

State File No. 151
 Registered No. 81

1. PLACE OF BIRTH
 County Globe State Arizona
 District or Township Wheatfield or Village Globe
 City Wheatfield St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Miss 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. Legitimate? Yes
 7. Date of Birth May 8 1929
 Month Day Year

8. FATHER
 Full Name Miss Rodriguez
 9. Residence (Usual place of abode) Wheatfield
 If non-resident, give place and state _____

14. MOTHER
 Full maiden name Leabelle Lopez
 15. Residence (Usual place of abode) Wheatfield
 If non-resident, give place and state _____

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

16. Color or race White
 17. Age at last birthday 20 (Years)

12. Birthplace (city or place) Spain
 (State or country) _____

18. Birthplace (city or place) Spain
 (State or country) _____

13. Occupation
 Nature of industry Rancher

19. Occupation
 Nature of industry Housewife

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 _____
 (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 or stillborn) 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 evidence of life after birth.

Signature Wilson D. Grayson

 _____ (Physician or midwife)

Given name added from a supplemental report _____
 Month, day, year _____

Address _____

Registrar _____

Filed 6/7 1929 S. E. Wightman
 Registrar

499-508-939

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD in case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.