

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. E.—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.

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

State File No. 202
Registered No. 243

1. PLACE OF BIRTH
County Pima State _____
District or Township _____ or Village _____
City Marion No. _____ St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Rosa Renteria
3. Sex of Child Female To be answered ONLY in event of plural births. 4. Twin, triplet or other. _____ 6. Legitimate? Yes
7. Date of birth May 29 1929
Month Day Year

8. FATHER
Full name Jesus Renteria
9. Residence (Usual place of abode) Morenci
If non-resident, give place and state. _____
10. Color or race Mex.
11. Age at last birthday 25 (Years)

14. MOTHER
Full name Maria
15. Residence (Usual place of abode) Morenci
If non-resident, give place and state. _____
16. Color or race Mex.
17. Age at last birthday 23 (Years)

12. Birthplace (city or place) Mexico
(State or country) _____
13. Occupation
Nature of Industry Widow

18. Birthplace (city or place) Mexico
(State or country) _____
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 2
(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 May 29 at Marion on the date above stated.
(Born alive or dead)

* 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 Nelson D. Snayton
Mariani
(Physician or Midwife)

Given name added from a supplemental report _____
Month, day, year _____
Address _____
Filed June 5 29 19 1929 C. E. Jones
Registrar Registrar

991-529-400