

CERTIFICATE AMENDED
SEE NOTATION

Items 2-8-114-Corr. by Baptismal Record of [unclear] (2-13-69 Amd)

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

State File No. 145
Registered No. 284

1. PLACE OF BIRTH
County Gila State Ariz
District or Township Miami or Village _____
City _____ No. PO 1703 (If birth occurred in a hospital or institution, give its NAME instead of street and number) Ward _____

2. Full name of child Elisa Maria Rodriguez Rodriguez (If child is not yet named, make supplemental report, as directed.)
3. Sex of Child Girl To be entered ONLY in event of plural births. 4. Twin, triplet or other _____ 5. No., in order of birth _____ 6. Legitimate? Yes 7. Date of birth Jun 14 1929
Month Day Year

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

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

10. Color of race Mex
11. Age at last birthday 28 (Years)

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

12. Birthplace (city or place) San Antonio
(State or country) Texas

18. Birthplace (city or place) San Antonio
(State or country) Texas

13. Occupation Miner
Nature of Industry _____

19. Occupation House wife
Nature of Industry _____

20. Number of children of this mother 1 (Taken as of time of birth of child herein certified and including this child.)
(a) Born alive and now living 1
(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 (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 evidence of life after birth.

Signature [Signature]
(Physician or midwife).
Address PO 1583

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

Filled June 20 1929 [Signature]
Registrar

599-614-239