

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

State File No. 173
 Registered No. 299

1. PLACE OF BIRTH

County Gila State Arizona
 District or Township _____ or Village _____
 City Mesa No. L. 29. Sun Oaks Canyon Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Rodolfo Guiron { If child is not yet named, make supplemental report, as directed.

3. Sex of Child Male To be answered ONLY in event of plural births.
 4. Twin, triplet or other...
 5. No., in order of birth x
 6. Legitimate? yes
 7. Date of birth June 28 - 29
 Month Day Year

8. FATHER
 Full name Bernardo Guiron

14. MOTHER
 Full maiden name Maria Becerra

9. Residence (Usual place of abode) Mexico -
 If non-resident, give place and state.

15. Residence (Usual place of abode) Mesa Arizona
 If non-resident, give place and state.

10. Color or race Mex
 11. Age at last birthday 35 (Years)

16. Color or race Mex
 17. Age at last birthday 24 (Years)

12. Birthplace (city or place) Jalisco Mexico.
 (State or country)

18. Birthplace (city or place) Jalisco Mexico
 (State or country)

13. Occupation Miner
 Nature of industry General Metal Miner

19. Occupation Housewife
 Nature of industry _____

20. Number of children of this mother 4
(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 2
 (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 Mesa 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 L. A. Dew

 (Physician or midwife)

Given name added from a supplemental report _____
 Address M. I. Hospital Mesa, Ariz

Month, day, year _____
 Filed July 12, 1929
 Registrar C. E. Jones

975-628-922

When one child at a birth, a SEPARATE RETURN must be made for each, and the number of each order of birth stated.