

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

116

State File No. 304  
Registered No. 304

PLACE OF BIRTH

County Gila State Arizona  
District or Township \_\_\_\_\_ or Village \_\_\_\_\_  
City Miami No. 1000 Sullivan St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Rodolfo Junig { 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. \_\_\_\_\_ 6. Legitimate? yes 7. Date of birth July 1 1927  
Month Day Year

8. FATHER  
Full name Pascual Juniga  
9. Residence (Usual place of abode) Miami, Arizona  
If non-resident, give place and state.  
10. Color or race Mexican  
11. Age at last birthday 30 (Years)  
12. Birthplace (city or place) Mexico  
(State or country)  
13. Occupation Miner  
Nature of industry Copper

14. MOTHER  
Full maiden name Eliza Madrid  
15. Residence (Usual place of abode) Miami, Arizona  
If non-resident, give place and state.  
16. Color or race Mexican  
17. Age at last birthday 20 (Years)  
18. Birthplace (city or place) Clifton  
(State or country) Arizona  
19. Occupation Housewife  
Nature of Industry

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 0  
(c) Stillborn 0  
21. Were precautions taken against ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

hereby certify that I attended the birth of this child, who was alive at 12:50 P. 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 J. J. Miller  
(Physician or midwife)

Given name added from a supplemental report \_\_\_\_\_ Address Miami, Arizona  
Month, day, year \_\_\_\_\_ Filed July 12 1927 Registrar E. G. ...