

order of birth stated.

234

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

State File No. 100
Registered No. 100

1. PLACE OF BIRTH
County Gila State Arizona
District or Township _____ or Village _____
City Miami No. _____ St. _____ Ward _____

2. Full name of child Rosa de Santiago
(If birth occurred in a hospital or institution, give its NAME instead of street and number)
(If child is not yet named, make supplemental report, as directed.)

3. Sex of Child girl To be answered ONLY in event of plural births. } 4. Twin, triplet or other _____ 6. Legitimate? yes
5. No., in order of birth _____ 7. Date of birth August 30 1929
Month Day Year

8. FATHER
Full name Aurelio de Santiago
9. Residence (Usual place of abode) Grower
If non-resident, give place and state. conyon
10. Color or race Mexican
11. Age at last birthday 25 (Years)
12. Birthplace (city or place) aguidrote
(State or country) sabatecay
13. Occupation
Nature of industry miner

14. MOTHER
Full maiden name Paula Delgado
15. Residence (Usual place of abode) grower
If non-resident, give place and state. conyon
16. Color or race mexican
17. Age at last birthday 21 (Years)
18. Birthplace (city or place) Torreón
(State or country) coahuila
19. Occupation
Nature of industry Domestic

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 Born alive at 4 P. m. on the date above stated.
(Born alive or stillborn)

Signature Guana Martinez
(Physician or midwife)

Given name added from a supplemental report _____
Month, day, year _____ Address Cherry Pool Arizona

Registrar. _____ Filed Sept 1 1929 Registrar. R. O. O. O.

926-800-746