

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

State File No. 140
Registered No. 2

1. PLACE OF BIRTH

County Gila State Arizona
District or Township _____ or Village _____
City Miami No. 808 1/2 Pine Oak St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Maria Terisa Ensiso
(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 _____ 5. No., in order of birth _____ 6. Legitimate? Yes 7. Date of birth Jan 5 1927
Month Day Year

8. FATHER
Full name Felipe Ensiso
9. Residence 808 1/2 Pine Oak St
(Usual place of abode)
If non-resident, give place and state.

14. MOTHER
Full maiden name Paula Almerodarez
15. Residence 808 1/2 Pine Oak St
(Usual place of abode)
If non-resident, give place and state.

10. Color or race Mexican 11. Age at last birthday 26 (Years)

16. Color or race Mexican 17. Age at last birthday 25 (Years)

12. Birthplace (city or place) Santa Barbara
(State or country) Chihuahua Mex

18. Birthplace (city or place) Chihuahua
(State or country) Chih. Mexico

13. Occupation Miner
Nature of industry _____

19. Occupation Housewife
Nature of industry _____

20. Number of children of this mother 3
(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 1 (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 6:30 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 Rosa Cortez
(Physician or midwife)

Given name added from a supplemental report _____
Month, day, year _____
Address 708 Sullivan St
Filed Jan 11 1927 C. E. Dm
Registrar

456-105-719

order of birth entered.

N. D. 1-111