

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 168
County Registrar No. 9
Local Registrar No. _____

PLACE OF BIRTH
1. County of Pima
District of _____
Town of _____
or
City of Maricopa

No. 117 Maricopa St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Jesus Esquivel { 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 _____ 6. Legitimate? yes 7. Date of birth Jan 16 - 1927
Month Day Year

8. FATHER
Full name Jose Esquivel
9. Residence (Usual place of abode) Maricopa Ariz
If non-resident, give place and state.
10. Color or race Mexican
11. Age at last birthday 24 (Years)

14. MOTHER
Full maiden name Maria De Anda
15. Residence (Usual place of abode) Maricopa Ariz
If non-resident, give place and state.
16. Color or race Mexican
17. Age at last birthday 17 (Years)

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

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

13. Occupation miner
Nature of industry

19. Occupation housewife
Nature of industry

20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.)
(a) Born alive and now living none
(b) Born alive but now dead none
(c) Stillborn _____

21. Were precautions taken against ophthalmia neonatorum? none

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was stillborn at 2 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 P. J. Hotelman
Address Maricopa Ariz
(Physician or midwife)

Given name added from a supplemental report _____
Month, day, year _____
Registrar _____
Filed Feb 3, 27 19____
Local Registrar E. E. Dora
County Registrar _____

179-116-471

N. B.—In case of more than one child, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.