

Each in order of birth stated.

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

State File No. 123  
Registered No. 81

1. PLACE OF BIRTH

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

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

3. Sex of Child Female To be answered ONLY in event of plural births. 4. Twin, triplet or other 4 5. No., in order of birth 4 6. Legitimate? yes 7. Date of birth April 2, 1927  
Month Day Year

8. FATHER  
Full name Romaldo Espaza  
9. Residence (Usual place of abode) Globe, Arizona  
If non-resident, give place and state.  
10. Color or race Mexican  
11. Age at last birthday 25 (Years)  
12. Birthplace (city or place) Mexico  
(State or country)  
13. Occupation Laborer  
Nature of industry

14. MOTHER  
Full maiden name Porfina Garcia  
15. Residence (Usual place of abode) Globe, Arizona  
If non-resident, give place and state.  
16. Color or race Mexican  
17. Age at last birthday 14 (Years)  
18. Birthplace (city or place) Mexico  
(State or country)  
19. Occupation Housewife  
Nature of industry

20. Number of children of this mother one  
(Taken as of time of birth of child herein certified and including this child.)  
(a) Born alive and now living one  
(b) Born alive but now dead none  
(c) Stillborn none  
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 12:45 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 T.E. Harper  
physician  
(Physician or midwife).

Given name added from a supplemental report \_\_\_\_\_ Address Globe, Arizona  
Month, day, year \_\_\_\_\_  
Filed 4-30, 1927 Dr. W. Horst  
Registrar Registrar

951-402-771