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ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 168

Registered No.

1. PLACE OF BIRTH

County Gila State Arizona

District or Township or Village

City Miami No. 1143 Sullivan St. St. Ward

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Cruz Espinoza (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 | 5. No., in order of birth | 6. Legitimate? yes | 7. Date of birth May 3 - 1927. Month Day Year

8. FATHER

Full name Faustino Espinoza

9. Residence (Usual place of abode) Miami.

If non-resident, give place and state. Arizona.

10. Color or race Mex. | 11. Age at last birthday 33 (Years)

12. Birthplace (city or place) Jalisco

(State or country) Mex.

13. Occupation

Nature of industry Miner

14. MOTHER

Full maiden name Maggie Martinez

15 Residence (Usual place of abode) Miami.

If non-resident, give place and state. Arizona.

16 Color or race Mex. | 17. Age at last birthday 29 (Years)

18. Birthplace (city or place) Miembres.

(State or country) New Mex.

19. Occupation

Nature of industry Housewife

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 6

(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 at 11 A. 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 Cyril M. Cron M.D.

Physician (Physician or midwife)

Address Miami, Arizona.

Given name added from a supplemental report Month, day, year

Filed May 11, 1927 C. E. Tiny Registrar

Registrar

351-503-449

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

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