ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 188

Registered No. 382

1. PLACE OF BIRTH

County Gila State Arizona

District or Township _____ or Village _____

City Miami No. 710 Nash Ave St. _____ Ward

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

2. Full name of child Daniel Esparza (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 _____

5. No., in order of birth _____

6. Legitimate? yes

7. Date of birth July 21 1927 (Month Day Year)

8. FATHER

Full name Amelio Esparza

9. Residence (Usual place of abode) Miami, Arizona.

If non-resident, give place and state.

10. Color or race Mex.

11. Age at last birthday 27 (Years)

12. Birthplace (city or place) Guadalajara-

(State or country) Jalisco Mex.

13. Occupation

Nature of industry Miner

14. MOTHER

Full maiden name Rosa Garcia

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 24 (Years)

18. Birthplace (city or place) Mexico City.

(State or country) 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 3

(b) Born alive but now dead 5

(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 (Born alive or stillborn) at 8 A. m. on the date above stated

*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. Crow M.D.

Physician (Physician or midwife).

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

Address Miami, Arizona.

451-721-971 Registrar

Filed Sept 10, 1927 C. E. Irvin Registrar

... in case of more than one child at a ... the number ... order of birth stated.