

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

State File No. 115
4499
 Registered No. 711

1. PLACE OF BIRTH

County Gila State Arizona
 District or Township _____ or Village _____
 City Miami No. 65 Grover Canon St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Espiranza Madrigal

{ 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. no 5. No., in order of birth. yes 6. Legitimate? yes 7. Date of birth Nov. 7 - 1927
 Month Day Year

8. FATHER
 Full name Domingo Madrigal
 9. Residence (Usual place of abode) Miami, Arizona
 If non-resident, give place and state. Arizona
 10. Color or race Mex.
 11. Age at last birthday 44 (Years)
 12. Birthplace (city or place) Michoacan Mex.
 (State or country)
 13. Occupation
 Nature of industry Miner

14. MOTHER
 Full maiden name Juana Ariaga
 15. Residence (Usual place of abode) Miami, Arizona
 If non-resident, give place and state. Arizona
 16. Color or race Mex.
 17. Age at last birthday 26 (Years)
 18. Birthplace (city or place) Michoacan Mex.
 (State or country)
 19. Occupation
 Nature of industry Housewife

20. Number of children of this mother _____ (a) Born alive and now living 3
 (Taken as of time of birth of child herein certified and including this child.) (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 alive at 2 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 Lynel M. Brown M.D.
Physician
(Physician or midwife)

Given name added from _____ Address Miami, Arizona
 Month, day, year _____

Filed Nov 11, 1927 O. E. Derry
 Registrar

543-1107-111

WRITE MAINLY 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.