

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

State File No. 130
 Registered No. 491

1. PLACE OF BIRTH

County Gila State Arizona
 District or Township _____ or Village _____

City Miami No. 24 Warrior Canon Classpool Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)
If child is not yet named, make supplemental report, as directed.

2. Full name of child Yldifonso Espinoza

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 Nov-13-1927
 Month Day Year

8. FATHER
 Full name Welfonso Espinoza

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 52 (Years)

12. Birthplace (city or place) Jalisco, Mex.
 (State or country)

13. Occupation
 Nature of industry merchant

14. MOTHER
 Full maiden name Rosa Bracomonte

15. Residence (Usual place of abode) Miami, Arizona
 If non-resident, give place and state.

16. Color or race Mex. 17. Age at last birthday 36 (Years)

18. Birthplace (city or place) Globe, Arizona
 (State or country)

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 7
 (b) Born alive but now dead 3
 (c) Stillborn _____

21. Were precautions taken against ophthalmia neonatorum? yes

I hereby certify that I attended the birth of this child, who was born alive at 3:40 P. m. on the date above stated
(Born alive or stillborn)

Signature Lynel M. Brown M.D. Physician
(Physician or midwife)

Address Miami, Arizona

Given name added from a supplemental report _____
 Month, day, year _____
 Filed Nov 20 1927 C. E. Dorn Registrar

NK—THIS IS A PERM. RETURN must be made for each order of birth stated.
 B.—In case of more than one

851-1113-925