

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS STANDARD CERTIFICATE OF BIRTH

22781
State File No. _____
Registered No. 109

1. PLACE OF BIRTH

County Coila State Arizona

District or Township _____ or Village _____

City Miami No. 927 Sullivan St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Baby Esquivosa } 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 Jan 19 - 1930 of birth Month Day Year

8. FATHER Full name Hugo Esquivosa

14. MOTHER Full maiden name Hilda Lopez

9. Residence (Usual place of abode) _____ If non-resident, give place and state.

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

10. Color or race Mexican 11. Age at last birthday 27 (Years)

16. Color or race Cuban 17. Age at last birthday 21 (Years)

12. Birthplace (city or place) Mexico D.F. (State or country)

18. Birthplace (city or place) Mexico (State or country)

13. Occupation Artist Nature of Industry

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20. Number of children of this mother 2 } (a) Born alive and now living 0
(Taken as of time of birth of child herein certified and including this child.) } (b) Born alive but now dead 0
(c) Stillborn 2 21. Were precautions taken against ophthalmia neonatorum? _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Full Born at 8 P. m. on the date above stated. (Born alive or stillborn)

Signature J. James Adams M.D. (Physician or midwife.)

Given name added from a supplemental report _____ Address P.O. Box 1666 Miami Fla.

Month, day, year _____ Filed Feb 10 1930 Registrar L. E. Drinn

Registrar.

Registrar.

051-119-039

CHECK IN ORDER OF BIRTH NUMBER.