

# ARIZONA STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS STANDARD CERTIFICATE OF BIRTH

State File No. 131  
Registered No. 216

1. PLACE OF BIRTH

County Gila State Arizona

District or Township \_\_\_\_\_ or Village \_\_\_\_\_

City Miami No. 35 Davis 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 Poderiquez } 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 1-1930  
Month Day Year

8. FATHER  
Full name Jose Poderiquez  
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 27 (Years)  
12. Birthplace (city or place) Zacatecas,  
(State or country) Mex.  
13. Occupation  
Nature of Industry Miner

14. MOTHER  
Full maiden name Rosa Garavia  
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 23 (Years)  
18. Birthplace (city or place) Chihuahua  
(State or country) Mex.  
19. Occupation  
Nature of Industry Housewife

20. Number of children of this mother. 3 } (a) Born alive and now living 3  
(Taken as of time of birth of child herein } (b) Born alive but now dead 0  
certified and including this child.) } (c) Stillborn 0  
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 2:40 p.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 Leyril M. Brown M.D.  
(Physician or midwife)

Given name added from a supplemental report \_\_\_\_\_ Address Miami, Arizona  
Month, day, year \_\_\_\_\_ Filed May 12 30 C. E. Jim  
Registrar. Registrar.

599-501-971