

in order of birth stated.

# ARIZONA STATE BOARD OF HEALTH

State File No. 1671  
Registered No. 56

## BUREAU OF VITAL STATISTICS STANDARD CERTIFICATE OF BIRTH

### 1. PLACE OF BIRTH

County Maricopa State \_\_\_\_\_  
Township \_\_\_\_\_ or Village \_\_\_\_\_  
City Hayden No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

### 2. Full name of child Richard Espinoza { If child is not yet named, make supplemental report, as directed

Sex Male If plural Births \_\_\_\_\_ 4. Twin, triplet, or other \_\_\_\_\_ 6. Premature \_\_\_\_\_ 7. Legitimate? Yes 8. Date of birth June 12 1930  
5. Number, in order of birth \_\_\_\_\_ Full term \_\_\_\_\_ mate? \_\_\_\_\_ (Month, day, year)

9. Full name of FATHER Porfirio Espinoza  
10. Residence (usual place of abode) (If nonresident, give place and State) Hayden  
11. Color of hair Blk 12. Age at last birthday 45 (Years)  
13. Birthplace (city or place) (State or country) Aurora Ky

18. Full maiden name of MOTHER Wolfe Brady  
19. Residence (usual place of abode) (If nonresident, give place and State) Hayden  
20. Color of hair Blk 21. Age at last birthday 24 (Years)  
22. Birthplace (city or place) (State or country) Flower Ariz

OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. laborer  
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Copper Mill  
16. Date (month and year) last engaged in this work June 1, 1930

OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife  
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. \_\_\_\_\_  
25. Date (month and year) last engaged in this work June 1930 26. Total time (years) spent in this work 8 year

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 5 (b) Born alive but now dead 0 (c) Stillborn 0

28. If stillborn, period of gestation \_\_\_\_\_ months \_\_\_\_\_ weeks 29. Cause of stillbirth \_\_\_\_\_  
Before labor \_\_\_\_\_ During labor \_\_\_\_\_

### CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_ at 7:00 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.

(Signed) Charles H. Kuehls, M. D.

or \_\_\_\_\_, Midwife

Given name added from a supplemental report \_\_\_\_\_ (Date of)

Address Hayden Ariz

Filed June 14, 1930 W D Park Registrar.

951-612-328