

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

State File No. \_\_\_\_\_  
Registered No. 558

1. PLACE OF BIRTH  
County Dila State \_\_\_\_\_  
District or Township \_\_\_\_\_ or Village \_\_\_\_\_  
City Miami No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Rodolfo Esparza  
{ If child is not yet named, make supplemental report, as directed.

3. Sex of Child m 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 9 20 30  
Month Day Year

8. FATHER  
Full name Emilio Esparza

14. MOTHER  
Full maiden name Rosa Ramirez

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

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

10. Color or race mex 11. Age at last birthday 30 (Years)

16. Color or race mex 17. Age at last birthday 28 (Years)

12. Birthplace (city or place) mexico  
(State or country)

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

13. Occupation  
Nature of Industry miner

19. Occupation  
Nature of Industry H.W.

20. Number of children of this mother 12  
(Taken as of time of birth of child herein certified and including this child.)  
(a) Born alive and now living 4  
(b) Born alive but now dead 8  
(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 at 9:00 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 [Signature]

(Physician or midwife)

Given name added from a supplemental report 951-90-999  
Month, day, year

Address Miami

Filed Oct-8 1930 Registrar [Signature]

Registrar

N. S.—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.