

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS STANDARD CERTIFICATE OF BIRTH

State File No. 170
Registered No. 628

1. PLACE OF BIRTH

County Yuma State Arizona

District or Township _____ or Village _____
City Miami No. 813 413 Oak St. St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Ester Ross } 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 Nov 24-1930
Month Day Year

8. FATHER
Full name Jose Ross
9. Residence (Usual place of abode) Miami Ariz.
If non-resident, give place and state. _____
10. Color or race Mexican
11. Age at last birthday 38 (years)
12. Birthplace (city or place) Zacatecas Mexico
(State or country)
13. Occupation Miner
Nature of Industry _____

14. MOTHER
Full maiden name Luz Mesa
15. Residence (Usual place of abode) Miami Ariz.
If non-resident, give place and state. _____
16. Color or race Mexican
17. Age at last birthday 29 (years)
18. Birthplace (city or place) Durango Mexico
(State or country)
19. Occupation NW
Nature of Industry _____

20. Number of children of this mother 6 } (a) Born alive and now living. 3
(Taken as of time of birth of child herein certified and including this child.) } (b) Born alive but now dead. 2
} (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 alive at 1:30 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 Charles E. Brown
(Physician or midwife.)

Address Miami Arizona

Given name added from a supplemental report. _____
Month, day, year _____
Filed Nov 30 1930 Registrar. C. E. Brown

592-1124-341