

N. B.—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.

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 185

Registered No. 38

1. PLACE OF BIRTH

County Gila State Arizona
District or Township _____ or Village P. O. Box 805-Miami, Ariz
City Miami No. 285 Gordon St St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Ernesto Diaz Esparza

If child is not yet named, make supplemental report, as directed.

3. Sex of Child Male 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 Jan. 25 1931
Month Day Year

8. FATHER
Full name Ernesto Vega Esparza
9. Residence (Usual place of abode) Miami Arizona
If non-resident, give place and state.

14. MOTHER
Full maiden name Espiranza Diaz
15. Residence (Usual place of abode) Miami Arizona
If non-resident, give place and state.

10. Color or race Mex. 11. Age at last birthday 29 (Years)

16. Color or race Mex. 17. Age at last birthday 19 (Years)

12. Birthplace (city or place) Chihuahua Mex.
(State or country)

18. Birthplace (city or place) Durango Mex.
(State or country)

13. Occupation
Nature of Industry Mining

19. Occupation
Nature of Industry Housewife

20. Number of children of this mother 1
(Taken as of time of birth of child herein certified and including this child.)
(a) Born alive and now living 1
(b) Born alive but now dead 0
(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 3:40 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. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature Eyril M. Brown M.D. (Physician or midwife)

Given name added from a supplemental report _____ Address Miami, Arizona

Month, day, year 551-125-549
Registrar

Filed Jan 30, 1931 H. E. Iron
Registrar