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

State File No. 143
Registered No. 188

1. PLACE OF BIRTH

County Gila State Arizona

District or Township ..... or Village .....

City Miami No. 23 Grover Canon St. ..... Ward

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Valdimar Espinoza (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 Apr. 26 - 1931 (Month Day Year)

FATHER

8. Full name Juan Espinoza

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 42 (Years)

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

13. Occupation
Nature of industry Rancher

MOTHER

14. Full maiden name Indalacia Benitez

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 35 (Years)

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

19. Occupation
Nature of industry Housewife

20. Number of children of this mother ..... (Taken as of time of birth of child herein certified and including this child.) 14
(a) Born alive and now living 10
(b) Born alive but now dead 4
(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 (Born alive or stillborn) at 5 A. m. on the date above stated.

* 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 Cyril M. Crow M.D. (Physician or midwife).

Address Miami, Arizona.

Given name added from a supplemental report ..... Month, day, year

..... Registrar

Filed May 9, 1931 C. E. Irwin Registrar

591-426-929