ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. ____

Registered No. 32[illegible]

1. PLACE OF BIRTH

County Gila State Arizona

District or Township Live Oak or Village

City Miami No. 6½ Bullion Plaza Canyon St. Ward

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

2. Full name of child Esperanza Villaverde { 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 Oct 10 1931 (Month Day Year)

8. FATHER

Full name Lauro Villaverde

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 30 (Years)

12. Birthplace (city or place) ____ (State or country) Mexico

13. Occupation Miner

Nature of industry Copper

14. MOTHER

Full maiden name Rosenda Salcido

15. Residence (Usual place of abode) Miami, Arizona

If non-resident, give place and state.

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

18. Birthplace (city or place) ____ (State or country) Mexico

19. Occupation Housewife

Nature of industry

20. Number of children of this mother 6 (Taken as of time of birth of child herein certified and including this child.)

(a) Born alive and now living 5

(b) Born alive but now dead 1

(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 alive (Born alive ~~or stillborn~~) at 9 P 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 F. F. Miller

MD (Physician ~~or midwife~~)

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

Address Miami Arizona

555-1010-922 Registrar

Filed Oct 2, 1931 C. E. Orwin Registrar

order of birth stated.