2329

159

PLACE OF CERTIFICATE AMENDED SEE NOTATION

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

State Index No. [illegible]

Co. Register No. 147

Local Registrar's No.

County of Gila

District of Globe

~~Town of~~

or

City of Globe

ORIGINAL CERTIFICATE OF BIRTH

Child's name entered as per affidavit of registrant & marriage License Jan. 12, 1945

(No. St; Ward)

(4-5-76 el)

FULL NAME OF CHILD JENNIE ESPARZA

Born YES

Alive ~~NO~~

If child is not named, make Supplemental Report on blank obtainable from local registrar.

Sex of Child	Twin, Triplet or other	and	Number in order of birth	Legitimate?	Date of Birth
Female	Other		1	yes	May (Month) 16 (Day) 1914 (Yr.)

FATHER	MOTHER
Full Name: Jesus Esparza	Full Maiden Name: Francisca Mendez
Residence: Globe, Ariz.	Residence: Globe, Ariz.
Color or Race: Mexican; Age at last Birthday 30 (Years)	Color or Race: Mexican; Age at last Birthday 23 (Years)
Birthplace: El Paso, Texas	Birthplace: Mexico
Occupation: Smelterman	Occupation: Housewife

Number of child of this mother 5 | Number of children, of this mother, now living 5 | Were precautions taken against Ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of above child; and that it occurred on May 16 1914, at 10 P. M.

*When there is no attending physician or midwife, then the householder should make this return.

(Signature) [signature] (Attending physician, ~~midwife, householder.~~*)

Given or christian name added from a supplemental report 191

Address

Filed May 20 1914 — B. G. Fox, LOCAL REGISTRAR.

A True Copy

Filed May 20 1914 — B. G. Fox, M.D., COUNTY REGISTRAR.

051-516-649

COUNTY REGISTRAR.

the number of each, in order of birth, stated. This certificate must be filed by the attending physician or Midwife with each local Registrar within 5 days after birth.