

the number of each, in order of birth, stated. This certificate must be
or midwife with each local Registrar within 5 days after birth.

PLACE OF BIRTH

County of Gila
District of _____
Town of Miami
or
City of _____ (No. _____ St. _____ Ward)

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

State Index No. 138

ORIGINAL CERTIFICATE OF BIRTH

Co. Registrar's No. 744

Local Registrar's No. _____

FULL NAME OF CHILD Esteban Acosta } Born } YES
If child is not named, make Supplemental Report on blank obtainable from local registrar. } Alive } ~~NO~~

Sex of Child Male } Twin, Triplet or other } and } Number in order of birth 3 } Legitimate? yes } Date of Birth Dec. 26 - 1919
Month Day Yr.

FATHER
Full Name Francisco Acosta
Residence Miami - Arizona
Color or Race Mex Age at last Birthday 37 Years
Birthplace Durango - Mexico
Occupation miner

MOTHER
Full Maiden Name Vernadie Sanchez
Residence Miami - Ariz.
Color or Race Mex Age at last Birthday 29 Years
Birthplace Durango - Mex
Occupation Housewife

Number of child of this Mother 3 | Number of Children, of this mother, now living 2 | Were precautions taken against Ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of the above child; and that it occurred on Dec. 26, 1919, at 2:30 A.M.

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

Signature April M. Cron M.D.
Attending physician, midwife, householder.*

Given or Christian name added from a supplemental report _____ 191__

Address Miami, Ariz.

511-1221-529
COUNTY REGISTRAR.

Filed Jan 2 1920
A True Copy
Filed Dec 26 1919

No. 3
LOCAL REGISTRAR.
COUNTY REGISTRAR.