

PLACE OF BIRTH  
 County of **Yavapai**  
 District of **Prescott**  
 Town of \_\_\_\_\_  
 or  
 City of **Prescott** (No. **135 N. Alarcon** St.; \_\_\_\_\_ Ward)

**ARIZONA STATE BOARD OF HEALTH**

BUREAU OF VITAL STATISTICS

State Index No. **509**  
 Co. Register No. **33**

ORIGINAL CERTIFICATE OF BIRTH

Local Registrar's No. \_\_\_\_\_

FULL NAME OF CHILD **Mary Espitia** { Born } YES  
 { Alive } **18**  
 If child is not named, make Supplemental Report on blank obtainable from local registrar.

Sex of Child **Female** Twin, Triplet or other \_\_\_\_\_ and \_\_\_\_\_ Number in order of birth \_\_\_\_\_ Legitimate? **Yes** Date of Birth **Feb. 21, 1920**  
 (Month) (Day) (Yr.)

FATHER		MOTHER	
Full Name	<b>Jose Espitia</b>	Full Maiden Name	<b>Nicoandria Hernandez</b>
Residence	<b>Prescott, Ariz.</b>	Residence	<b>Prescott, Ariz.</b>
Color or Race	<b>Mexican</b>	Color or Race	<b>Mexican</b>
Age at last Birthday	<b>27</b> (Years)	Age at last Birthday	<b>20</b> (Years)
Birthplace	<b>Mexico</b>	Birthplace	<b>Mexico</b>
Occupation	<b>Laborer</b>	Occupation	<b>Housewife</b>

Number of child of this mother **2** 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 **Feb. 21, 1920** at **11 A.M.**

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

(Signature) *H. J. Southworth*  
 (Attending physician, midwife, householder.\*)

Given or Christian name added from a supplemental report \_\_\_\_\_ 191 \_\_\_\_\_

Address **Prescott, Ariz.**  
*Mary J. Southworth*  
 LOCAL REGISTRAR.

**451-221-589**  
 COUNTY REGISTRAR.

Filed **Feb. 21 1920**  
 A True Copy  
 Filed **3/2/20** 191 \_\_\_\_\_

*John W. Hissac*  
 COUNTY REGISTRAR.