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ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. [illegible]

Co. Registrar's No. 56

Local Registrar's No. _____

PLACE OF BIRTH

County of Gila

District of _____

Town of Miami

or

City of _____ (No. _____ St; _____ Ward)

FULL NAME OF CHILD Refugia Esparsa

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

Born Alive: YES ~~NO~~

Sex of Child: Female | ~~Twin, Triplet~~ or other | and | Number in order of birth: 1 | Legitimate? yes | Date of Birth: Feb. (Month) 6 (Day) 1921 (Yr.)

FATHER		MOTHER	
Full Name	Francisco Esparsa	Full Maiden Name	Ermenia Lopez
Residence	Miami, Arizona	Residence	Miami, Arizona
Color or Race	Mex	Color or Race	Mex
Age at last Birthday	34 Years	Age at last Birthday	18 Years
Birthplace	Zacetecas, Mexico	Birthplace	Zacetecas, Mexico
Occupation	Storekeeper	Occupation	Housewife

Number of child of this Mother: 1 | Number of Children, of this mother, now living: 1 | 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. 6 1921, at 5:30 P.M.

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

Signature Cyril M. Crow M.D.

Attending physician, ~~midwife, householder.~~*

Address Miami, Arizona

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

Filed Feb 28 1921

B. W. Hard M.D.

LOCAL REGISTRAR.

951-206-539

COUNTY REGISTRAR.

Filed Mar 7 1921

A True Copy

B. G. [illegible]

COUNTY REGISTRAR.

[illegible] with each local Registrar within 5 days after [illegible] by the attending Physician