

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. In case of more than one child at a birth, a SEPARATE RETURN must be made for each, in order of birth, stated.

PLACE OF BIRTH		ARIZONA STATE BOARD OF HEALTH	
1. County of <u>Dala</u>	District of _____	BUREAU OF VITAL STATISTICS	State Index No. <u>129</u>
Town of <u>Miami</u>	or _____	ORIGINAL CERTIFICATE OF BIRTH	Co. Registrar No. <u>131</u>
City of _____	No. _____	Local Registrar No. _____	St. _____ Ward) _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)			
2. Full name of child <u>Emeteria Esquebero</u>		If child is not yet named, make supplemental report, as directed	
3. Sex of child <u>Female</u>	To be answered ONLY in event of plural births.	4. Twin, triplet or other. No. _____	5. Legitimate? <u>yes</u>
5. No., in order of birth <u>5</u>		7. Date of birth <u>Feb. 25-1923,</u> (Month, day, year)	
8. FATHER Full name <u>Rudolfo Esquebero</u>		14. MOTHER Full maiden name <u>Inez Tapia</u>	
9. Residence (Usual place of abode) <u>Miami, Ariz.</u> If nonresident, give place and State		15. Residence (Usual place of abode) <u>Miami, Ariz.</u> If nonresident, give place and State	
10. Color or race <u>Mex</u>	11. Age at last birthday <u>32</u> (Years)	16. Color or race <u>Mex</u>	17. Age at last birthday <u>28</u> (Years)
12. Birthplace (city or place) <u>Zacatecas</u> (State or country) <u>Mex.</u>		18. Birthplace (city or place) <u>Chihuahua</u> (State or country) <u>Mex</u>	
13. Occupation Nature of Industry <u>Miner</u>		19. Occupation Nature of Industry <u>Housewife</u>	
20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.) <u>5</u>		(a) Born alive and now living <u>5</u> (b) Born alive but now dead _____ (c) Stillborn _____	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born at 11:30 a.m. on the date above stated.
(Born alive or stillborn)

*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 C. M. Crow M.D.
(Physician or midwife)

Address Miami, Arizona

Given name added from a supplemental report _____
(Month, day, year)

Filed Feb 28 1923 Charles E. Davis Local Registrar.

Filed 3/5 1923 P. J. J. 04 County Registrar.

Registrar. 556-220-931