ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 188a

Co. Registrar's No. 291

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 Josephine Escarilla

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

Born Alive: YES ~~NO~~

Sex of Child Male | ~~Twin, Triplet~~ or other | and | Number in order of birth 2 | Legitimate? yes | Date of Birth Mar – 30 1923 (Month Day Yr.)

FATHER		MOTHER	
Full Name	Manuel Escarilla	Full Maiden Name	S. Suarez
Residence	Miami Az	Residence	Miami Ariz
Color or Race	white / mex	Color or Race	white / mex
Age at last Birthday	24 Years	Age at last Birthday	21 Years
Birthplace	Mexico	Birthplace	Mexico
Occupation	Laborer	Occupation	Housewife

Number of child of this Mother 2 | 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 3/30 1923 at 4 A.M.

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

Signature T H Slaughter
Attending physician, midwife, householder.*

Address Miami Az

Given or Christian name added from a supplemental report ..... 191..

Filed May 5 1923

C. E. Driver
LOCAL REGISTRAR.

151-330-229
COUNTY REGISTRAR.

Filed 6/6 1923

A True Copy

B. G. Gray
COUNTY REGISTRAR.