

1026

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

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

PLACE OF BIRTH
1. County of Yuma
District of Globe
Town of Globe
or Globe
City of Globe No. _____ St. _____ Ward _____

2. Full name of child Arthur Espinosa (If birth occurred in a hospital or institution, give its NAME instead of street and number) If child is not yet named, make supplemental report, as directed.

3. Sex of Child M To be answered ONLY in event of plural births. 4. Twin, triplet or other _____ 5. No., in order of birth _____ 6. Legitimate? Yes 7. Date of birth July 26, 1923 Month Day Year

| | |
|---|---|
| 8. FATHER Full name <u>Gonzala Espinosa</u> | 14. MOTHER Full maiden name <u>Louisa Costa</u> |
| 9. Residence (Usual place of abode) <u>Cananea Mex.</u> If nonresident, give place and state | 15. Residence (Usual place of abode) <u>Cananea Mex</u> If nonresident, give place and state |
| 10. Color or race <u>Mex</u> | 16. Color or race <u>Mex</u> |
| 11. Age at last birthday <u>30</u> (Years) | 17. Age at last birthday <u>23</u> (Years) |
| 12. Birthplace (city or place) <u>Mexico</u> (State or country) | 18. Birthplace (city or place) <u>El Paso Tex</u> (State or country) |
| 13. Occupation <u>Miner</u> Nature of industry | 19. Occupation <u>Housewife</u> Nature of industry |
| 20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.) (a) Born alive and now living <u>3</u> (b) Born alive but now dead <u>0</u> (c) Stillborn <u>0</u> | 21. Were precautions taken against ophthalmia neonatorum? <u>Yes</u> |

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 10 A. m. on the date above stated.

*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 W. W. Horst M. D. (Physician or midwife)
Address Globe Ariz

Given name added from a supplemental report _____ Month, day, year. _____ Registrar.

Filed 8-1 1923 B. G. Gray Local Registrar.
Filed 8-5 1923 B. G. Gray County Registrar.

151-726-361