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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

State Index No. 146

County Registrar No. 859

Local Registrar No. .....

PLACE OF BIRTH

1. County of Gila

District of .....

Town of Miami

or

City of ..... No. ..... St. ..... Ward

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Consuela Esparza — If child is not yet named, make supplemental report, as directed.

3. Sex of Child: Female — To be answered ONLY in event of plural births.

4. Twin, triplet or other .....

5. No., in order of birth 1

6. Legitimate? yes

7. Date of birth Dec 19 1923. (Month day year)

8. FATHER

Full name Narcisso Esparza

9. Residence (Usual place of abode) Miami, Ariz.

If nonresident, give place and state

10. Color or race Mex

11. Age at last birthday 25 (Years)

12. Birthplace (city or place) Jalisco (State or country) Mex.

13. Occupation

Nature of industry Miner

14. MOTHER

Full maiden name Aniseta Lenvano

15. Residence (Usual place of abode) Miami, Arizona

If nonresident, give place and state

16. Color or race Mex

17. Age at last birthday 16 (Years)

18. Birthplace (city or place) Jalisco (State or country) Mex

19. Occupation

Nature of industry Housewife

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 1

(b) Born alive but now dead .....

(c) Stillborn .....

21. Were precautions taken against ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born at 9 P. 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 evidences of life after birth.

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

Address Miami Ariz.

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

Filed Dec 31, 1923 D. E. Irwin Local Registrar.

Filed 1-5, 1924 B. G. Fox County Registrar.

Registrar.

351-1219-136