

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 Hila
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)

State Index No. 173
County Registrar No. 15
Local Registrar No. _____

2. Full name of child Cresencia Espinoza } 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. Legitimate? yes 6. Date of birth Dec 29-1923
Month day year

8. FATHER		14. MOTHER	
Full name <u>Justino Espinoza</u>		Full maiden name <u>Maggie Martinez</u>	
9. Residence (Usual place of abode) <u>Miami, Ariz.</u>		15. Residence (Usual place of abode) <u>Miami, Ariz.</u>	
If nonresident, give place and state _____		If nonresident, give place and state _____	
10. Color or race <u>Mex</u>	11. Age at last birthday <u>28</u> (Years)	16. Color or race <u>Mex</u>	17. Age at last birthday <u>28</u> (Years)
12. Birthplace (city or place) <u>Jalisco, Mex.</u>	(State or country)	18. Birthplace (city or place) <u>Meimbre, New Mex.</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 (a) Born alive and now living 4 (b) Born alive but now dead _____ (c) Stillborn _____
(Taken as of time of birth of child herein certified and including this child.) 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 (Born alive or stillborn.) at 6:30 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 evidences of life after birth.
Given name added from a supplemental report _____

Signature C. M. Crow M.D. (Physician or midwife)
Address Miami, Arizona
Filed Jan 31, 1924 Local Registrar. C. J. Juen
Filed 2/5 :24 P. H. Via County Registrar.

351-1229-449