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PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Yuma  
District of Winkelmann  
Town of Winkelmann Ariz  
or  
City of \_\_\_\_\_ No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

BUREAU OF VITAL STATISTICS  
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 165  
County Registrar No. 268  
Local Registrar No. 1

2. Full name of child Antonio Espinoza (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 Male | To be answered ONLY in event of plural births. 4. Twin, triplet or other \_\_\_\_\_ 5. Legitimate? \_\_\_\_\_ 6. Legitimate? \_\_\_\_\_ 7. Date March - 22 - 1924  
Month Day Year

8. FATHER  
Full name Francisco Espinoza  
9. Residence (Usual place of abode) Winkelmann  
If nonresident, give place and state Ariz  
10. Color or race Mexican  
11. Age at last birthday 23 (Years)  
12. Birthplace (city or place) Altar  
(State or country) Sonora (Mex)  
13. Occupation Laborer  
Nature of industry

14. MOTHER  
Full maiden name Isidra Laguna  
15. Residence (Usual place of abode) Winkelmann  
If nonresident, give place and state Ariz  
16. Color or race Mexican  
17. Age at last birthday 24 (Years)  
18. Birthplace (city or place) Nogales  
(State or country) Ariz  
19. Occupation Housewife  
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 2 (b) Born alive but now dead 2 (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 alive (Born alive or stillborn) at 2:30 p.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 Mrs P. Humphrey (Physician or midwife)  
Address Winkelmann Ariz

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

Filed April 10, 1924 W. Roberts Local Registrar.  
Filed 5-5, 1924 W. Roberts County Registrar.

151-322-931

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.