220

WHERE 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

State Index No. 146

County Registrar No. 299

Local Registrar No. .....

PLACE OF BIRTH

1. County of Gila

District of Lower Miami

Town of Miami

or

City of ..... No. Warrior Siding St. ..... Ward

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

2. Full name of child Anastasio Espinoza } 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. No., in order of birth ..... 6. Legitimate? yes 7. Date of birth April 15. 1924 (Month day year)

8. FATHER	14. MOTHER
Full name Ygnacio Espinoza	Full maiden name Eva Angelina Bracamonte
9. Residence (Usual place of abode) Miami, Arizona If nonresident, give place and state (Lower Miami)	15. Residence (Usual place of abode) Miami (Lower Miami) If nonresident, give place and state Arizona
10. Color or race Mexican — 11. Age at last birthday 22 (Years)	16. Color or race Mexican — 17. Age at last birthday 19 (Years)
12. Birthplace (city or place) ..... (State or country) Mexico	18. Birthplace (city or place) ..... (State or country) Mexico
13. Occupation Machine man Nature of industry Copper mining	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 1
(b) Born alive but now dead 0
(c) Stillborn 0

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~~ stillborn at 5:30 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 F. T. Miller (Physician ~~or midwife~~)

Address Miami, Arizona

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

Filed April 30, 1924 C. E. Irwin Local Registrar.

Registrar.

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

151-415-525