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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

1. County of Gila State Index No. 168
District of _____ County Registrar No. 594
Town of Miami Local Registrar No. _____
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 Anita 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 5. No., in order of birth 11 6. Legitimate? yes 7. Date of birth July 28-1924
Month July day 28 year 1924

8. FATHER		14. MOTHER	
Full name <u>Mariana Espinoza</u>		Full maiden name <u>Selza Cano</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>37</u> (Years)	16. Color or race <u>Mex.</u>	17. Age at last birthday <u>35</u> (Years)
12. Birthplace (city or place) <u>Chihuahua Mex.</u>		18. Birthplace (city or place) <u>Chihuahua Mex.</u>	
(State or country) _____		(State or country) _____	
13. Occupation Nature of industry <u>Miner</u>		19. Occupation Nature of industry <u>Housewife</u>	

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 3 (b) Born alive but now dead 8 (c) Stillborn _____

21. Were precautions taken against jaundice yes
themia neonatorum?

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 4 A.M. on the date above stated.

Signature Byrd M. Brown, M.D. (Physician or midwife)
Address Miami, Ariz.
Given name added from _____
Month, day, year _____

Filed Aug 31 1924 _____
Filed 9-5 1924 _____
Local Registrar. _____
County Registrar. _____

151-728-236