[redacted]

PERMANENT RECORD

WRITE PLAINLY WITH UNFADING INK. 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. 160

County Registrar No. 817

Local Registrar No. _____

PLACE OF BIRTH

1. County of Gila

District of _____

Town of Inspiration

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 Rafael Esquez } 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 Oct-24-1924 (Month day year)

FATHER

8. Full name Andreas Esquez

9. Residence (Usual place of abode) Inspiration Ariz

If nonresident, give place and state

10. Color or race Mexican

11. Age at last birthday 47 (Years)

12. Birthplace (city or place) Mexico

(State or country)

13. Occupation

Nature of industry Miner

MOTHER

14. Full maiden name Lucia Jeuenez

15. Residence (Usual place of abode) Inspiration

If nonresident, give place and state

16. Color or race Mexican

17. Age at last birthday 37 (Years)

18. Birthplace (city or place) Mexico

(State or country)

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 5

(b) Born alive but now dead 5

(c) Stillborn none

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 alive ~~or stillborn.~~) at 9 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 evidences of life after birth.

Signature C. L. Foley M.D. (Physician or midwife)

Address Miami Ariz

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

Filed Oct 31 1924 E. E. Owen Local Registrar.

_____ Registrar.

Filed 11-5 1924 B. G. Day County Registrar.

959-1024-319