

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

PLACE OF BIRTH
1. County of Cocon
District of Miami
Town of Miami
or
City of No. 34 Davis Cooper St (If birth occurred in a hospital or institution, give its NAME instead of street and number) Ward _____

State Index No. 188
County Registrar No. 914
Local Registrar No. _____

2. Full name of child Jose Clemente Esquivel (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 Yes 6. Legitimate? Yes 7. Date of birth Nov. 23-1924 Month Nov day 23 year 1924

5. FATHER Full name <u>Pasqual Esquivel</u> 9. Residence (Usual place of abode) <u>Miami Ariz</u> If nonresident, give place and state 10. Color or race <u>Mexican</u> 11. Age at last birthday <u>24</u> (Years) 12. Birthplace (city or place) <u>Mexico</u> (State or country) 13. Occupation <u>Miner</u> Nature of industry		14. MOTHER Full maiden name <u>Francisca Rendon</u> 15. Residence (Usual place of abode) <u>Miami Ariz</u> If nonresident, give place and state 16. Color or race <u>Mexican</u> 17. Age at last birthday <u>22</u> (Years) 18. Birthplace (city or place) <u>Mexico</u> (State or country) 19. Occupation <u>House wife</u> Nature of industry	
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20. Number of children of this mother (a) Born alive and now living None (b) Born alive but now dead None (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 _____ at 1:20, m. on the date above stated.
(Born alive or stillborn.)
Signature R. J. Arty (Physician or midwife)
Address Miami Ariz
Given name added from a supplemental report _____
Month, day, year. Filed Nov 30 1924 Local Registrar. R. E. Davis
Registrar. Filed DEC 5 1924 County Registrar. B. S. Jia

N. B.—In case of more than one child see v. In order of birth.

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