

MARGIN HERE - OR BINDING - 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.

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Gila
 District of _____
 Town of Clayton
 or _____
 City of _____

BUREAU OF VITAL STATISTICS
 ORIGINAL CERTIFICATE OF BIRTH

State Index No. 137
 County Registrar No. 211
 Local Registrar No. 64

2. Full name of child Gilberto Espino (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. No., in order of birth _____
 6. Legitimate? yes
 7. Date of birth Feb. 15 1925
 Month day year

8. FATHER
 Full name Pedro Espino
 9. Residence Warrior Canon # 56
 (Usual place of abode)
 If nonresident, give place and state _____
 10. Color or race Mexican
 11. Age at last birthday 42 (Years)
 12. Birthplace (city or place) Mioqui
 (State or country) Chihuahua Mexico
 13. Occupation miner
 Nature of industry _____

14. MOTHER
 Full maiden name Matilde Hernandez
 15. Residence Warrior Canon # 56
 (Usual place of abode)
 If nonresident, give place and state _____
 16. Color or race Mexican
 17. Age at last birthday 37 (Years)
 18. Birthplace (city or place) Quindas Tex
 (State or country) Texas U.S.A.
 19. Occupation Home Keeper
 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 6
 (b) Born alive but now dead 4
 (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 at 3 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.
 Given name added from a supplemental report _____
 Signature L. A. Perino Do (Physician or midwife)
 Address P.O. 319 Miami, 20 Hill St. S.W. Miami
 Filed Feb 28 1925 John O. Taylor Local Registrar.
 Filed 3/1 1925 H. G. W... County Registrar.

756-215-489