MARGIN RESERVED FOR 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.

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 117

County Registrar No. .....

Local Registrar No. .....

PLACE OF BIRTH

1. County of Gila

District of .....

Town of .....

or

City of Miami No. Reffey Ave St. ..... Ward

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

2. Full name of child Eugene Lawrence Espinoza } If child is not yet named, make supplemental report, as directed.

3. Sex of Child M — 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 March 1 1925 (Month day year)

FATHER	MOTHER
8. Full name Lamie F Espinoza	14. Full maiden name Florence Kessler
9. Residence (Usual place of abode) If nonresident, give place and state Miami	15. Residence (Usual place of abode) If nonresident, give place and state Miami
10. Color or race Mexican — 11. Age at last birthday 34 (Years)	16. Color or race W. Amn — 17. Age at last birthday 30 (Years)
12. Birthplace (city or place) Roswell N Mex (State or country)	18. Birthplace (city or place) ..... (State or country) Mo
13. Occupation Nature of industry Druggist	19. Occupation Nature of industry Housework

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 1
(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 (Born alive or stillborn.) at ..... 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. F. Perkins (Physician or midwife)

Address Miami

Given name added from a supplemental report ..... Month, day, year. Filed ....., 19.... ..... Local Registrar.

..... Registrar. Filed ....., 19.... ..... County Registrar.

551-311-629