

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 Pima
 District of _____
 Town of Miami
 or _____
 City of _____

BUREAU OF VITAL STATISTICS
 ORIGINAL CERTIFICATE OF BIRTH

State Index No. 181
 County Registrar No. _____
 Local Registrar No. 50

2. Full name of child Ester Barquin
 No. 3209 Turkey Shoot Canon (If birth occurred in a hospital or institution, give its NAME instead of street and number) Ward _____
 { 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, triplet or other _____ 5. No., in order of birth 2 6. Legitimate? yes 7. Date of birth Apr. 22-1926
 Month Day Year

8. FATHER
 Full name Juan Barquin
 9. Residence (Usual place of abode) Miami Ariz.
 If non-resident, give place and state. Ariz.
 10. Color or race Spanish
 11. Age at last birthday 29 (Years)
 12. Birthplace (city or place) Santander
 (State or country) Spain
 13. Occupation
 Nature of industry miner

14. MOTHER
 Full maiden name Asencion Martinez
 15. Residence (Usual place of abode) Miami Ariz.
 If non-resident, give place and state. Ariz.
 16. Color or race Mex.
 17. Age at last birthday 20 (Years)
 18. Birthplace (city or place) El Oro Durangos Mex.
 (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 2 (b) Born alive but now dead _____ (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 born at 10³⁰ 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 evidence of life after birth.
 Signature Byrd M. Brown M.D. (Physician or midwife)
 Address Miami, Arizona

Given name added from a supplemental report Filled May 12, 1925 P. E. Davis Local Registrar.
 Month, day, year Registrar _____, 19 _____ County Registrar.

525-422-149