

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

State File No. 147
 Registered No. 329

1. PLACE OF BIRTH

County Gila State Arizona
 District or Township _____ or Village _____
 City Miami No. _____ St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Alfredo Escobeda { 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 _____ 6. Legitimate? yes
 5. No., in order of birth _____ 7. Date of birth Oct. 5, 1920.
 Month Day Year

8. FATHER
 Full name Abram Escobeda
 9. Residence (Usual place of abode) Miami, Ariz.
 If non-resident, give place and state.

14. MOTHER
 Full maiden name Louisa Sandoval
 15. Residence (Usual place of abode) Miami, Arizona.
 If non-resident, give place and state.

10. Color or race Mex. 11. Age at last birthday 36 (Years)

16. Color or race Mex. 17. Age at last birthday 30 (Years)

12. Birthplace (city or place) Durango, Mex.
 (State or country)

18. Birthplace (city or place) Durango, Mex.
 (State or country)

13. Occupation
 Nature of Industry Miner

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 6
 (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 born at 10:50 P.m. on the date above stated
(Born alive or stillborn)

Signature Cyril M. Brown M.D.

 (Physician or midwife)

Given name added from a supplemental report _____
 Address Miami, Arizona

Filed Nov 6 20 19 1920
 _____ Registrar _____ Registrar

WRITE PLAINLY WITH INK. IN CASE OF MORE THAN ONE CHILD AT A BIRTH, A SEPARATE RETURN MUST BE MADE FOR EACH, AND THE NUMBER OF BIRTH STATED.

151-1005-323