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. 207

County Registrar No.

Local Registrar No. 24

PLACE OF BIRTH

1. County of Gila

District of

Town of

or

City of Globe

No. 384 Pinal St St., Ward

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

2. Full name of child { 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~~ Twin.

5. No., in order of birth 2

6. Legitimate?

7. Date of birth Jan 27-1926 (Month Day Year)

8. FATHER

Full name Jose Esparza

9. Residence (Usual place of abode) Unknown

If non-resident, give place and state.

10. Color or race Mex

11. Age at last birthday 40 (Years)

12. Birthplace (city or place) (State or country) Mexico

13. Occupation Laborer

Nature of industry Mines

14. MOTHER

Full maiden name Juana Carbajal

15 Residence (Usual place of abode) 384 Pinal St

If non-resident, give place and state. Globe

16 Color or race Mex

17. Age at last birthday 36 (Years)

18. Birthplace (city or place) (State or country) Mexico

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 7

(b) Born alive but now dead 0

(c) Stillborn 0

21. Were precautions taken against ophthalmia neonatorum? No

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that ~~I attended~~ the birth of this child, who was alm (Born alive or stillborn.) at 1 15 A 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 evidence of life after birth.

Signature No doctor in attendance W. W. Horst. M.D. (Physician or midwife).

Address Attended by neighbors - Child died shortly after birth

Given name added from a supplemental report Month, day, year Filed 1-31, 1926 W. W. Horst Local Registrar.

Registrar Filed, 19 County Registrar

051-127-133 Premature Birth (7th Mo) died 4 hrs after birth.