

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 Pima  
District of \_\_\_\_\_  
Town of \_\_\_\_\_  
or Geob  
City of \_\_\_\_\_

BUREAU OF VITAL STATISTICS  
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 208  
County Registrar No. \_\_\_\_\_  
Local Registrar No. 28

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 F To be answered ONLY in event of plural births. } 4. Twin, ~~triplet~~ other \_\_\_\_\_ 5. No., in order of birth 1st } 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.

14. MOTHER  
Full maiden name Juana Carbajal  
15. Residence (Usual place of abode) 384 Pinal St  
If non-resident, give place and state. Geob

10. Color or race Mex  
11. Age at last birthday 40 (Years)

16. Color or race Mex  
17. Age at last birthday 36 (Years)

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

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

13. Occupation Laborer  
Nature of Industry mining

19. Occupation Housework  
Nature of Industry

20. Number of children of this mother } (a) Born alive and now living 6  
(Taken as of time of birth of child herein } (b) Born alive but now dead 0  
certified and including this child.) } (c) Stillborn 0

21. Were precautions taken against ophthalmia neonatorum? No

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that ~~the~~ the birth of this child, who was alive at 1 A. m. on the date above stated  
(Born alive or stillborn.)

\* When there was no attending physician or midwife, then the father, household, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.  
Signature attended by neighbor W. W. Horst M.D.  
(Physician or midwife.)

Address \_\_\_\_\_

Given name added from a supplemental report \_\_\_\_\_ Filed Jan 31, 1926 W. W. Horst  
Month, day, year Local Registrar.

Registrar \_\_\_\_\_ Filed \_\_\_\_\_, 19\_\_\_\_ County Registrar \_\_\_\_\_

051-127-133 Premature birth (7<sup>th</sup> mo) Dies few days later