

## PLACE OF BIRTH

## ARIZONA STATE BOARD OF HEALTH

1. County of GilaDistrict of Lower MiamiTown of Miami

or

City of \_\_\_\_\_

BUREAU OF VITAL STATISTICS  
ORIGINAL CERTIFICATE OF BIRTHState Index No. 154County Registrar No. 678

Local Registrar No. \_\_\_\_\_

No. 37 Grover Canyon St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)2. Full name of child Pascuala Espinoza (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 \_\_\_\_\_ 6. Legitimate? yes 7. Date of birth May 17 1926  
Month Day Year8. FATHER  
Full name Pablo Espinoza14. MOTHER  
Full maiden name Eulogia Gonzales9. Residence (Usual place of abode) Miami Arizona  
If non-resident, give place and state.15. Residence (Usual place of abode) Miami Arizona  
If non-resident, give place and state.10. Color or race Mexican 11. Age at last birthday 24 (Years)16. Color or race Mexican 17. Age at last birthday 18 (Years)12. Birthplace (city or place) \_\_\_\_\_  
(State or country) Mexico18. Birthplace (city or place) \_\_\_\_\_  
(State or country) Mexico13. Occupation Laborer  
Nature of Industry \_\_\_\_\_19. Occupation Housewife  
Nature of Industry \_\_\_\_\_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 1 (b) Born alive but now dead 1 (c) Stillborn 0 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 at 1 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 J. J. Muller  
(Physician or midwife)  
Address Miami ArizonaGiven name added from a supplemental report \_\_\_\_\_ Filed May 28 1926 \_\_\_\_\_  
Month, day, year \_\_\_\_\_ Local Registrar.

Registrar \_\_\_\_\_

Filed \_\_\_\_\_ 19 \_\_\_\_\_  
County Registrar.

151-517-572