

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 Yila
 District of _____
 Town of Miami
 or _____
 City of _____

BUREAU OF VITAL STATISTICS
 ORIGINAL CERTIFICATE OF BIRTH

State Index No. 98
 County Registrar No. 687
 Local Registrar No. _____

No. 300 Grover Canon Ward _____
 (If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Juan Esparza (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 _____ } 5. No. in order of birth _____ } 6. Legitimate? yes } 7. Date of birth June 5, 1926
 Month Day Year

8. FATHER
 Full name Librado Esparza

14. MOTHER
 Full maiden name Benita Estrada

9. 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 Mex. 11. Age at last birthday 25 (Years)

16. Color or race Mex. 17. Age at last birthday 23 (Years)

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

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

13. 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 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 5:30 A.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 Cyril M. Brown, M.D. (Physician or midwife)
 Address Miami, Arizona

Given name added from a supplemental report. Filed July 7, 1926 R. E. Dine Local Registrar.

Registrar _____, 19____ County Registrar.

151-605-251