

WRITE PLAINLY WITH UNFADING INK. 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 Gila
District of _____
Town of Miami
or _____
City of _____

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 157
County Registrar No. 967
Local Registrar No. _____

2. Full name of child Rodolfo Espinoza
(If birth occurred in a hospital or institution, give its NAME instead of street and number)
{ 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 Nov. 15, 1926.
Month Day Year

8. FATHER
Full name Lorenzo Espinoza
9. Residence (Usual place of abode) Miami
If non-resident, give place and state. Arizona.
10. Color or race Mex.
11. Age at last birthday 32 (Years)

14. MOTHER
Full maiden name Tomasa Lucio
15. Residence (Usual place of abode) Miami
If non-resident, give place and state. Arizona.
16. Color or race Mex.
17. Age at last birthday 23 (Years)

12. Birthplace (city or place) Michoacan
(State or country) Mex.
13. Occupation
Nature of Industry Miner

18. Birthplace (city or place) Chihuahua
(State or country) Mex.
19. Occupation
Nature of Industry Housewife

20. Number of children of this mother (a) Born alive and now living 2
(Taken as of time of birth of child herein certified and including this child.) (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 A. m. on the date above stated
(Born alive or stillborn.)

Signature Cyril M. Brown, M.D. (Physician or midwife).
Address Miami, Arizona.

Given name added from a supplemental report. Filed Jan 7, 27 C. E. Dring
Month, day, year Local Registrar.

Registrar _____ County Registrar.

951-1115-336