

**ARIZONA STATE BOARD OF HEALTH**  
BUREAU OF VITAL STATISTICS  
STANDARD CERTIFICATE OF BIRTH

145  
State File No. 34  
Registered No. 34

PLACE OF BIRTH  
County Gila State Arizona  
District or Township \_\_\_\_\_ or Village \_\_\_\_\_  
City Miami No. 8 Porto Rico Hill St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

Full name of child Maria Timotea Esparza { If child is not yet named, make supplemental report, as directed.

Sex of Child <u>male</u>	To be answered ONLY in event of plural births.	4. Twin, triplet or other.	6. Legitimate? <u>yes</u>	7. Date of birth <u>Jan-24-1928</u> Month Day Year
		5. No., in order of birth.		

FATHER		MOTHER	
Full name <u>Juan Esparza</u>		Full maiden name <u>Cruz Montenegro</u>	
Residence (Usual place of abode) <u>Miami</u>		15 Residence (Usual place of abode) <u>Miami</u>	
If non-resident, give place and state. <u>Arizona</u>		If non-resident, give place and state. <u>Arizona</u>	
3. Color or race <u>Mex</u>	11. Age at last birthday <u>27</u> (Years)	16 Color or race <u>Mex</u>	17. Age at last birthday <u>27</u> (Years)
2. Birthplace (city or place) <u>Jalisco</u>	(State or country) <u>Mex</u>	18. Birthplace (city or place) <u>Durango</u>	(State or country) <u>Mex</u>
3. Occupation Nature of industry <u>miner</u>		19. Occupation Nature of industry <u>Housewife</u>	

10. 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 <u>1</u>	21. Were precautions taken against ophthalmia neonatorum? <u>yes</u>
	(b) Born alive but now dead <u>2</u>	
	(c) Stillborn _____	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*  
I hereby certify that I attended the birth of this child, who was born alive at 4:30 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 Byrl M. Brown M.D.  
Physician  
(Physician or midwife)

Given name added from supplemental report \_\_\_\_\_  
Month, day, year  
451-124-376  
Registrar

Address Miami, Arizona

Filed Jan 30, 28 1928 J. E. Jones  
Registrar