

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

State File No. 158
 Registered No. 27

1. PLACE OF BIRTH

County Gila State Ariz.
 District or Township _____ or Village _____
 City Globe No. _____ St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child

Mary Esparza { 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 _____ 6. Legitimate? Yes 7. Date of birth 2-13-1928
 Month Day Year

8. FATHER Full name Ronald Esparza

9. Residence (Usual place of abode) Globe Ariz.
 If non-resident, give place and state.

10. Color or race Mex. 11. Age at last birthday 24 (Years)

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

Occupation Laborer
 Nature of Industry

14. MOTHER Full maiden name Porfena Garcia

15. Residence (Usual place of abode) Globe Ariz.
 If non-resident, give place and state.

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

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

19. Occupation Housewife
 Nature of Industry

20. Number of children of this mother 2 (a) Born alive and now living 2
 (b) Born alive but now dead 0
 (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 Ronald Esparza at 10:00 AM 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 T. C. Harper
 Physician (Physician or midwife).

Given name added from _____ Address Globe Ariz.

Month, day, year _____ Filled 3/10 1928 G. D. Delightman Registrar

Registrar

451-213-711

if birth stated.