

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

State File No. 192
 Registered No. 85

1. PLACE OF BIRTH

County Gila State Arizona
 District or Township Lower Miami or Village _____
 City Miami No. 55 Lower Canyon St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Matias 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 Feb 24 1928
 Month Day Year

8. FATHER
 Full name Francisco Esparza

14. MOTHER
 Full maiden name Terminia Lopez

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 Mexican

11. Age at last birthday 48 (Years)

16. Color or race Mexican

17. Age at last birthday 24 (Years)

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

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

13. Occupation Vegetable peddler
 Nature of industry

19. Occupation Housewife
 Nature of industry

20. Number of children of this mother 5
 (Taken as of time of birth of child herein certified and including this child.) }
 (a) Born alive and now living 4
 (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 2 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. Truller
Miami, Arizona
 (Physician or midwife)

Given name added from a supplemental report _____
 Address Miami, Arizona
 Month, day, year Feb 29 1928
 Registrar O. G. Jones

451-224-839

N. B.—In case of more than one child at a birth, a SEPARATE certificate in order of birth stated.