ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 189

Registered No. 229

1. PLACE OF BIRTH

County Gila State Arizona

District or Township ..... or Village .....

City Miami No. 920 Live Oak St St., ... Ward

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Dolores Escarsega — 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 .....

5. No., in order of birth .....

6. Legitimate? yes

7. Date of birth May 29 1928 (Month Day Year)

8. FATHER

Full name Elesio Escarsega

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 24 (Years)

12. Birthplace (city or place) Sonora

(State or country) Mex.

13. Occupation

Nature of industry Miner

14. MOTHER

Full maiden name Maria Mendez

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 26 (Years)

18. Birthplace (city or place) Sonora

(State or country) Mex

19. Occupation

Nature of industry Housewife

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 3

(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 alive (Born alive or stillborn) at 3 30 A. m. on the date above stated.

* 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. Crow M.D.

Physician (Physician or ~~midwife~~).

Given name added from a supplemental report ..... Month, day, year

Address Miami, Arizona

Filed June 5, 1928 C. E. [illegible] Registrar.

..... Registrar.

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