

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

State File No. 148  
Registered No. 183

**1. PLACE OF BIRTH**

County Gila State Arizona  
District or Township \_\_\_\_\_ or Village \_\_\_\_\_  
City Miami No. 27 Lucas Park Canyon Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

**2. Full name of child**

Espiranza Moreno { 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 Mar. 6 - 1929  
Month Day Year

**8. FATHER**  
Full name Isauro Moreno  
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 25 (Years)  
12. Birthplace (city or place) Chihuahua  
(State or country) Mex.  
13. Occupation  
Nature of industry Miner

**14. MOTHER**  
Full maiden name Tranquilana Grijalva  
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) Tombstone  
(State or country) Arizona  
19. Occupation  
Nature of industry Housewife

20. Number of children of this mother 5 } (a) Born alive and now living 5  
(Taken as of time of birth of child herein certified and including this child.) } (b) Born alive but now dead 0  
(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 born alive at 10 A. m. on the date above stated.  
(Born alive or stillborn.)

Signature Byril M. Cron M.D.  
Physician  
(Physician or midwife).

Given name added from a supplemental report \_\_\_\_\_ Address Miami, Arizona  
Month, day, year \_\_\_\_\_ Filed May 10, 29 19 60  
Registrar \_\_\_\_\_ Registrar \_\_\_\_\_

\* In case of more than one child at a birth, a separate RETURN must be made for each, and the number of each order of birth stated.

546-306-371