

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

State File No. 196A
249
Registered No. _____

1. PLACE OF BIRTH

County Hila State Arizona
District or Township _____ or Village _____
City Miami No. 48 Live Oak Canyon St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Gilberto Esparzo { 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 _____ 6. Legitimate? yes
7. Date of birth March 20-1929
Month Day Year

8. FATHER
Full name Narciso Esparzo
9. Residence (Usual place of abode) Miami, Arizona
If non-resident, give place and state. Arizona

10. Color or race Mex. 11. Age at last birthday 30 (Years)

12. Birthplace (city or place) Jalisco Mex.
(State or country)

13. Occupation
Nature of industry Miner

14. MOTHER
Full maiden name Anesets Seavans
15. Residence (Usual place of abode) Miami, Arizona
If non-resident, give place and state. Arizona

16. Color or race Mex. 17. Age at last birthday 21 (Years)

18. Birthplace (city or place) Jalisco Mex.
(State or country)

19. Occupation
Nature of industry Housewife

20. Number of children of this mother 4 } (a) Born alive and now living 3
(Taken as of time of birth of child herein certified and including this child.) } (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 born alive at 1:30 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 Cyril M. Brown, M.D.
Physician
(Physician or midwife).

Given name added from _____ Address Miami, Arizona
Month, day, year _____

Filed June 12, 1929 6-6 Dring
Registrar Registrar

756-320-136

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.