

## ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

## STANDARD CERTIFICATE OF BIRTH

State File No. 219Registered No. 158

## 1. PLACE OF BIRTH

County Gila State Arizona

District or Township \_\_\_\_\_ or Village \_\_\_\_\_

City Miami No. 3109 Turkey Shoat St. \_\_\_\_\_ Ward \_\_\_\_\_

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

2. Full name of child Alfredo Escobeda { 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 Mar. 31-1929 Month Day Year8. FATHER Full name Abran Escobeda 14. MOTHER Full maiden name Louisa Sandoval9. Residence (Usual place of abode) Miami, Arizona 15. Residence (Usual place of abode) Miami, Arizona10. Color or race Mex. 11. Age at last birthday 39 (Years) 16. Color or race Mex. 17. Age at last birthday 36 (Years)12. Birthplace (city or place) Durango, Mex. 18. Birthplace (city or place) Durango, Mex.13. Occupation Nature of Industry Miner 19. Occupation Nature of Industry Housewife20. Number of children of this mother 9 (Taken as of time of birth of child herein certified and including this child.) (a) Born alive and now living 7 (b) Born alive but now dead 2 (c) Stillborn 0 21. Were precautions taken against ophthalmia neonatorum? yesCERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\* 3aI hereby certify that I attended the birth of this child, who was born alive at 5:30 a. m. on the date above stated. (Born alive or stillborn.)Signature Byril M. Brown, M.D. Physician (Physician or midwife.)Given name added from a supplemental report \_\_\_\_\_ Address Miami, ArizonaMonth, day, year \_\_\_\_\_ Filed Apr 12, 1929 B. E. Smith Registrar

Registrar

Registrar

151-331-323

and the  
if more than one child at a birth, a SEPARATE RETURN must be made for each child in the order of birth stated.