

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

State No. 186  
 Registered No. 368

PLACE OF BIRTH

City \_\_\_\_\_ State \_\_\_\_\_  
 District or Township \_\_\_\_\_ or Village \_\_\_\_\_

No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (If birth occurred in a hospital or institution, give its NAME instead of street and number)

Full name of child Bobby (If child is not yet named, make supplemental report, as directed.)

Sex of Child male To be answered ONLY in event of plural births. 4. Twin, triplet or other X 6. Legitimate? Yes 7. Date of birth 7 22 29  
 Month Day Year

FATHER  
 Name Emilio Espargo

MOTHER  
 Full maiden name Rosa

Residence (Usual place of abode) Miami  
 If non-resident, give place and state.

15. Residence (Usual place of abode) Miami  
 If non-resident, give place and state.

Color or race Mex 11. Age at last birthday 29 (Years)

16. Color or race Mex 17. Age at last birthday 25 (Years)

Birthplace (city or place) Mex  
 (State or country)

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

Occupation Miner  
 Nature of Industry

19. Occupation H/O.  
 Nature of Industry

Number of children of this mother 10  
 In as of time of birth of child herein (and including this child.)  
 (a) Born alive and now living 3  
 (b) Born alive but now dead 2  
 (c) Stillborn 5

21. Were precautions taken against ophthalmia neonatorum? \_\_\_\_\_

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

I hereby certify that I attended the birth of this child, who was stillborn at 9 P. m. on the date above stated.  
 (Born alive or stillborn.)

When there was no attending physician or midwife, then the father, householder, should make this return. A stillborn is one that neither breathes nor is other evidence of life after birth.

Signature C. F. Perkins

(Physician or Midwife).

Name added from supplemental report \_\_\_\_\_  
 Month, day, year \_\_\_\_\_

Address \_\_\_\_\_

Filed Aug 10, 1929 C. E. Jones

Registrar

Registrar