

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

State File No. 154  
 Registered No. 447

**1. PLACE OF BIRTH**

County Dela State Arizona  
 District or Township \_\_\_\_\_ or Village \_\_\_\_\_  
 City Miami No. 1126 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 Francisco Ecles Escarcega  
(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  
 5. No., in order of birth \_\_\_\_\_ 7. Date of birth Sept. 17 - 1929  
 Month Day Year

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

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

10. Color or race Mex.  
 11. Age at last birthday 24 (Years)

16. Color or race Mex.  
 17. Age at last birthday 26 (Years)

12. Birthplace (city or place) Sonora, Mex.  
 (State or country)

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

13. Occupation  
 Nature of industry Miner

19. Occupation  
 Nature of industry Housewife

20. Number of children of this mother 4  
 (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 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 12:30 A. m. on the date above stated.  
(Born alive or stillborn.)

Signature Cyril M. Brown M.D.  
 \_\_\_\_\_  
 Physician (Physician or midwife)

Given name added from a supplemental report \_\_\_\_\_  
 Address Miami, Arizona  
 Filed Sept 25, 1929 R. E. Dorn Registrar

Registrar

651-917-447