

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

State File No. 182  
Registered No. 556

1. PLACE OF BIRTH

County Mila State Arizona  
District or Township \_\_\_\_\_ or Village \_\_\_\_\_  
City Miami No. 919 Sullivan 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 Espinoza 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 Nov. 25-1929  
Month Day Year

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

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

10. Color or race Mex  
11. Age at last birthday 32 (Years)

16. Color or race Mex  
17. Age at last birthday 33 (Years)

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

18. Birthplace (city or place) San Lorenzo  
(State or country) New Mex.

13. Occupation  
Nature of Industry Miner

19. Occupation  
Nature of Industry Housewife

20. Number of children of this mother 7  
(Taken as of time of birth of child herein certified and including this child.)  
(a) Born alive and now living 6  
(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 10:45 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. Cron M.D.  
Physician  
Address Miami Ariz  
(State or midwife)

Given name added from a supplemental report \_\_\_\_\_  
Month, day, year \_\_\_\_\_

Filed Dec 9 1929 R. C. J. J. J.  
Registrar

651-1125-449