

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

169
State File No. 609
Registered No. 609

1. PLACE OF BIRTH

County Mila State Arizona
District or Township _____ or Village _____
City Miami No. 127 Grover Canon St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Delphina Espinoza { If child is not yet named, make supplemental report, as directed.

3. Sex of Child Female To be answered ONLY in event of plural births. } 4. Twin, triplet or other _____ 6. Legitimate? yes 7. Date of birth Dec. 24-1929
Month Day Year

8. FATHER
Full name Pablo Espinoza

14. MOTHER
Full maiden name Eulogia Gonzalez

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

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If non-resident, give place and state.

10. Color or race Mex. 11. Age at last birthday 27 (Years)

16. Color or race Mex. 17. Age at last birthday 22 (Years)

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

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

13. Occupation
Nature of industry Teaching plant

19. Occupation
Nature of industry Housewife

20. Number of children of this mother 4 } (a) Born alive and now living 2
(Taken as of time of birth of child herein certified and including this child.) } (b) Born alive but now dead 2
 } (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 1:20 a. m. on the date above stated.
(Born alive or stillborn.)

Signature Leyla M. Brown M.D.
Physician (Physician or midwife).

Given name added from _____ Address Miami, Arizona

Month, day, year _____ Filled Jan 8 1930 Registrar L. G. Irving

Registrar

451-1224-579