

All names must be entered for accuracy and the number of each in order of birth stated.

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Gila

District of \_\_\_\_\_

Town of Miami

or \_\_\_\_\_

City of \_\_\_\_\_

BUREAU OF VITAL STATISTICS  
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 128

County Registrar No. 24

Local Registrar No. \_\_\_\_\_

No. 200 Grover Canyon St. Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Jolita Lopez

{ 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 Jan. 1, 1927  
Month Day Year

5. No., in order of birth \_\_\_\_\_

8. FATHER  
Full name Angel Lopez

14. MOTHER  
Full maiden name Rita Cuasares

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

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 26 (Years)

16. Color or race Mex.

17. Age at last birthday 26 (Years)

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

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

13. Occupation  
Nature of industry Miner

19. Occupation  
Nature of industry Housewife

20. Number of children of this mother  
(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 \_\_\_\_\_  
(c) Stillborn \_\_\_\_\_

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 at 9:30 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. Brown M.D. (Physician or midwife)  
Address Miami, Arizona

Given name added from a supplemental report. Filed Feb 7, 1927 L. E. Irwin Local Registrar.

Registrar \_\_\_\_\_ Filed \_\_\_\_\_, 19\_\_\_\_ County Registrar.

139-101-932