

N. B.—In case of more than one child at a birth, make for each, and the number of each, in order of birth stated.

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 135
Registered No. _____

1. PLACE OF BIRTH

County Gila State Arizona
District or Township 2 or Village _____
City Miami No. _____ St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

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

3. Sex of Child boy To be answered ONLY In event of plural births. 4. Twin, triplet or other _____ 6. Legitimate? yes 7. Date of birth Jan 4 1927
Month Day Year

8. FATHER
Full name Amos Lorenzo
9. Residence (Usual place of abode) Mexican canyon
If non-resident, give place and state. Miami

14. MOTHER
Full maiden name Madalena Lopez
15. Residence (Usual place of abode) Mexican canyon
If non-resident, give place and state. Miami

10. Color or race mexican 11. Age at last birthday 43 (Years)

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

12. Birthplace (city or place) Villa Hidalgo
(State or country) Jalisco Mexico

18. Birthplace (city or place) Tehuacan
(State or country) Jalisco Mexico

13. Occupation
Nature of Industry inspiration mine

19. Occupation
Nature of Industry Domestic

20. Number of children of this mother 5 (a) Born alive and now living 5 (b) Born alive but now dead _____ (c) Stillborn _____
(Taken as of time of birth of child herein certified and including this child.) 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 Gata on the date above stated
(Born alive or stillborn)

Signature Juana Martinez
(Physician or midwife)

Given name added from a supplemental report _____ Address _____
Month, day, year _____
Filed Jan 11, 1927 C. E. Drinn
Registrar Registrar

636-104-432