

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

State File No. 1193
 Registered No. 1193

1. PLACE OF BIRTH

County Gila State _____
 District or Township _____ or Village _____
 City Miami No. 1514 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 Maria Louise 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 _____ 5. No., in order of birth _____ 6. Legitimate? yes 7. Date of birth March 2 - 1927
 Month Day Year

8. FATHER Full name <u>Jose Lopez</u>		14. MOTHER Full maiden name <u>Maria Rojas</u>	
9. Residence (Usual place of abode) <u>Miami</u> If non-resident, give place and state. <u>Arizona</u>		15. Residence (Usual place of abode) <u>Miami</u> If non-resident, give place and state. <u>Arizona</u>	

10. Color or race <u>Mex.</u>	11. Age at last birthday <u>35</u> (Years)	16. Color or race <u>Mex.</u>	17. Age at last birthday <u>23</u> (Years)
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12. Birthplace (city or place) <u>Jalisco</u> (State or country) <u>Mex.</u>	18. Birthplace (city or place) <u>Jalisco</u> (State or country) <u>Mex.</u>
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13. Occupation Nature of industry <u>Miner</u>	19. Occupation Nature of industry <u>Housewife</u>
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20. Number of children of this mother _____ <small>(Taken as of time of birth of child herein certified and including this child.)</small>	(a) Born alive and now living <u>4</u> (b) Born alive but now dead _____ (c) Stillborn _____	21. Were precautions taken against ophthalmia neonatorum? <u>yes</u>
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CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born at 6 A. 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 Lynel M. Brown M.D.
Miami, Arizona
(Physician or midwife).

Given name added from supplemental report _____
 Address _____
 Month, day, year _____
 Filed May 10, 1927 L. E. Jones
 Registrar

1139-302-492

WITH THIS STATEMENT, A RETURN must be made for each, and the number of each in order of birth stated.
 than one child at a birth.