PLACE OF BIRTH

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

1. County of _Gila_

District of ....

Town of ....

or

City of _Miami_ No. _3003 Losuus Ave._ St. .... Ward

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

State Index No. _141_

County Registrar No. _327_

Local Registrar No. _327_

2. Full name of child _Carlos Lopez_

{ 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 .... 5. No., in order of birth .... | 6. Legitimate? _yes_ | 7. Date of birth _May 1 1927_ Month day year |

8. FATHER	14. MOTHER
Full name _Espiridon Lopez_	Full maiden name _Maria Lopez_
9. Residence (Usual place of abode) _Miami, Ariz_ If nonresident, give place and state	15. Residence (Usual place of abode) _Miami, Ariz_ If nonresident, give place and state
10. Color or race _Mexican_	16. Color or race _Mexican_
11. Age at last birthday _40_ (Years)	17. Age at last birthday _24_ (Years)
12. Birthplace (city or place) _Mexico_ (State or country)	18. Birthplace (city or place) _Mexico_ (State or country)
13. Occupation Nature of industry _Laborer_	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 _2_
 (b) Born alive but now dead _none_
 (c) Stillborn _none_

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 .... at _5_ 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 evidences of life after birth.

Signature _C. J. Aotebrid_
(Physician or midwife)

Address _Miami, Ariz_

Given name added from a supplemental report ....
Month, day, year.

Filed _June 8_, 19_27_ _C. E. ....._
Local Registrar.

.... Registrar.

Filed ...., 19.....

County Registrar.