

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

State File No. 32144<sup>a</sup>  
 Registered No. 327

**1. PLACE OF BIRTH**

County Gila State Arizona  
 District or Township \_\_\_\_\_ or Village \_\_\_\_\_  
 City Miami No. 14 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**

Pablo 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 June 18 - 1927  
Month Day Year

**8. FATHER**  
 Full name Jose Lopez  
 9. Residence (Usual place of abode) Miami, Arizona  
 If non-resident, give place and state. \_\_\_\_\_  
 10. Color or race Mex  
 11. Age at last birthday 22 (Years)  
 12. Birthplace (city or place) Aguas Calientes, Mex.  
(State or country)  
 13. Occupation  
 Nature of industry Miner

**14. MOTHER**  
 Full maiden name Margarita Osuna  
 15. Residence (Usual place of abode) Miami, Arizona  
 If non-resident, give place and state. \_\_\_\_\_  
 16. Color or race Mex  
 17. Age at last birthday 20 (Years)  
 18. Birthplace (city or place) Aguas Calientes, Mex.  
(State or country)  
 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 1  
 (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 alive at 10 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 Byrne M. Brown M.D.  
Physician  
(Physician or midwife).

Given name added from a supplemental report \_\_\_\_\_  
 Address Miami, Arizona

Month, day, year 739 018 461  
 Filed Aug 11, 1927 Registrar E. E. Dring