

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. 166
 County Registrar No. 416
 Local Registrar No. _____

No. 102 Mexican Cons St. _____ Ward _____
 (If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Mercedes 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
 5. No. in order of birth _____ 7. Date of birth Sept 24 1927
 Month Day Year

8. FATHER
 Full name Eustaquio Lopez

14. MOTHER
 Full maiden name Regina Rojas

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 Mexican
 11. Age at last birthday 32 (Years)

16. Color or race Mexican
 17. Age at last birthday 19 (Years)

12. Birthplace (city or place) _____
 (State or country) Mexico

18. Birthplace (city or place) _____
 (State or country) Mexico

13. Occupation Miner
 Nature of Industry Copper

19. Occupation Housewife
 Nature of Industry _____

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 0
 (c) Stillborn 0

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 alive at 2:57 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 J. J. Miller MD (Physician or midwife)

Address Miami Arizona

Given name added from a supplemental report. Filed Sept 30 1927 C. E. J. J. Local Registrar.

Registrar _____, 19____ County Registrar.

439-924-991