

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

State File No. 118
 Registered No. 536

1. PLACE OF BIRTH

County Gila State Arizona
 District or Township _____ or Village _____
 City Miami No. 48 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 Carolina Lopez

{ If child is not yet named, make supplemental report, as directed.

3. Sex of Child <u>Female</u>	<small>To be answered ONLY in event of plural births.</small>	4. Twin, triplet or other <u>2nd</u>	6. Legitimate? <u>yes</u>	7. Date of birth <u>Dec. 15 - 1927</u> Month Day Year
---	---	--	-------------------------------------	--

8. FATHER
 Full name Francisco Lopez
 9. Residence (Usual place of abode) Miami, Arizona
 If non-resident, give place and state. Arizona
 10. Color or race Mex.
 11. Age at last birthday 33 (Years)
 12. Birthplace (city or place) Jalisco, Mex.
 (State or country)
 13. Occupation
 Nature of industry Miner

14. MOTHER
 Full maiden name Antonia Poderiguez
 15. Residence (Usual place of abode) Miami, Arizona
 If non-resident, give place and state. Arizona
 16. Color or race Mex.
 17. Age at last birthday 30 (Years)
 18. Birthplace (city or place) Zacatecas, 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 <u>6</u>	21. Were precautions taken against ophthalmia neonatorum? <u>yes</u>
(b) Born alive but now dead _____	
(c) Stillborn _____	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 4:30 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 Cyril M. Brown M.D.
Physician
(Physician or midwife).

Given name added from a supplemental report _____
 Month, day, year _____
 Address Miami, Arizona

Filed Dec 22, 1927 C. E. Tom
 Registrar

339-1215-199