

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

State File No. 558
 Registered No. 558

1. PLACE OF BIRTH

County Hila 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 Emalina 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 1st 6. Legitimate? yes 7. Date of birth Dec. 15, 1927
 Month Day Year

8. FATHER
 Full name Francisco Lopez

14. MOTHER
 Full maiden name Antonia Poderiguez

9. Residence (Usual place of abode) Miami, Arizona
 If non-resident, give place and state.

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 If non-resident, give place and state.

10. Color or race Mex. 11. Age at last birthday 33 (Years)

16. Color or race Mex. 17. Age at last birthday 32 (Years)

12. Birthplace (city or place) Jalisco, Mex.
 (State or country)

18. Birthplace (city or place) Zacatecas, Mex.
 (State or country)

13. Occupation
 Nature of industry Miner

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 5
 (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 4 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
Physician
(Physician or midwife)

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

Month, day, year _____ Filed Dec 27, 1927 C. E. Davis
 Registrar Registrar

535-1515-199

BIRTH