

# ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS  
STANDARD CERTIFICATE OF BIRTH

229183  
State File No. 31  
Registered No. \_\_\_\_\_

1. PLACE OF BIRTH

County Gila State Arizona  
District or Township \_\_\_\_\_ or Village \_\_\_\_\_  
City Miami No. 19 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 Maria 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..... } 5. No., in order of birth..... } 6. Legitimate? yes } 7. Date of birth Jan 19-1930  
Month Day Year

8. FATHER  
Full name Felipe 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 27 (Years)  
12. Birthplace (city or place) Jalisco Mex.  
(State or country)  
13. Occupation  
Nature of Industry Mining

14. MOTHER  
Full maiden name Christina Gonzalez  
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 29 (Years)  
18. Birthplace (city or place) Dallas Texas  
(State or country)  
19. Occupation  
Nature of Industry Housewife

20. Number of children of this mother..... } (a) Born alive and now living... 6 } 21. Were precautions taken against ophthalmia neonatorum? yes  
(Taken as of time of birth of child herein certified and including this child.) } (b) Born alive but now dead... 0 }  
(c) Stillborn

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 7 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 evidence of life after birth.  
Signature Leyril M. Brown M.D.  
Physician  
(Physician or midwife.)

Given name added from a supplement report.....  
Address Miami, Arizona  
Month, day, year  
Filed Jan 25 1930  
Registrar. B. E. Jones

PRINT IN ORDER OF BIRTH SUBJECT.

437-119-377