

# ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS  
STANDARD CERTIFICATE OF BIRTH

State File No. 80  
Registered No. 187

**1. PLACE OF BIRTH**

County Gila State Arizona  
District or Township Lower Miami or Village \_\_\_\_\_  
City Miami No. Mackey Hill St., \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child. Julian Lopez } If child is not yet named, make supplemental report, as directed.

3. Sex of Child	To be answered ONLY in event of plural births.	4. Twin, triplet or other.	6. Legitimate?	7. Date of birth
<u>male</u>			<u>Yes</u>	<u>Feb 16 1930</u> Month Day Year
		5. No., in order of birth.		

3. FATHER  
Full name Epistagnio Lopez

14. MOTHER  
Full maiden name Refugio 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 34 (Years)

16. Color or race Mexican  
17. Age at last birthday 21 (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 5  
(Taken as of time of birth of child herein certified and including this child.)  
(a) Born alive and now living 4  
(b) Born alive but now dead 6  
(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 alive at 12:05 A m. on the date above stated.  
(Born alive or stillborn)

Signature J. H. Miller  
MD  
(Physician or midwife)

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

Filed Jul 18 1930 Registrar R. E. Jones

139-216-992

N. B.—In case of a child that one child at a birth, a SEPARATE RETURN must be made for each, and the number of  
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 each in order of birth stated.