

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS STANDARD CERTIFICATE OF BIRTH

 State File No. 1137

 Registered No. 1109
1. PLACE OF BIRTH

 County Gila State Arizona

District or Township _____ or Village _____

 City Miami No. 3111 Loomis Ave. St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

 2. Full name of child Victor 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. } male
 4. Twin, triplet or other. _____ } no
 5. No., in order of birth. _____ } yes
 6. Legitimate? _____ } yes
 7. Date of birth March 6 1930
 Month Day Year

8. FATHER
 Full name Augustin Lopez
 9. Residence (Usual place of abode) Miami, Ariz.
 If non-resident, give place and state.
 10. Color or race Mexican
 11. Age at last birthday 45 (Years)
 12. Birthplace (city or place) Mexico
 (State or country)
 13. Occupation miner
 Nature of Industry Copper
14. MOTHER
 Full maiden name Encarnacion Miranda
 15. Residence (Usual place of abode) Miami, Arizona
 If non-resident, give place and state.
 16. Color or race Mexican
 17. Age at last birthday 36 (Years)
 18. Birthplace (city or place) Mexico
 (State or country)
 19. Occupation Housewife
 Nature of Industry

 20. Number of children of this mother 10 } (a) Born alive and now living 9
 (Taken as of time of birth of child herein } (b) Born alive but now dead 1
 certified and including this child.) } (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 11 P m. on the date above stated.
(Born alive (or stillborn))

 Signature J. J. Miller

 (Physician or midwife.)

 Given name added from a supplement report _____
 Address Miami, Arizona
 Month, day, year March 15 30
 Registrar C. E. Jones

529 - 306 - 541