

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

181  
 State File No. \_\_\_\_\_  
 Registered No. 687

**1. PLACE OF BIRTH**

County Pima State \_\_\_\_\_  
 District or Township \_\_\_\_\_ or Village \_\_\_\_\_

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

2. Full name of child Lopez, 33, Leon, David 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 Nov 26 1920  
 Month Day Year

8. FATHER  
 Full name Manuel Lopez

14. MOTHER  
 Full maiden name Guadalupe Moralez

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

15. Residence (Usual place of abode) Miami  
 If non-resident, give place and state \_\_\_\_\_

10. Color or race Mexican

11. Age at last birthday 32 (Years)

16. Color or race Mexican

17. Age at last birthday 30 (Years)

12. Birthplace (city or place) Mexico  
 (State or country)

18. Birthplace (city or state) Mexico  
 (State or country)

13. Occupation  
 Nature of Industry Miner

19. Occupation  
 Nature of Industry Housewife

20. Number of children of this mother 4  
 (Taken as of time of birth of child herein certified and including this child.)  
 (a) Born alive and now living \_\_\_\_\_  
 (b) Born alive but now dead \_\_\_\_\_  
 (c) Stillborn \_\_\_\_\_

21. Were precautions taken against ophthalmia neonatorum? No

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ 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 Messrs. Branton

Miguel Lopez  
 (Physician or midwife.)

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

Filed Dec 5 30 6 E Dmy  
 Registrar.

939-1136-147