

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 122
Registered No. 654

1. PLACE OF BIRTH

County Gila State Arizona
District or Township _____ or Village P.O. Box 1112 - Miami - Ariz.
City Miami No. 141 Mex. Canon St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

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

3. Sex of Child Male 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 Dec. 4 - 1930.
Month Day Year

8. FATHER
Full name Federico Lopez
9. Residence (Usual place of abode) Died June 6 - 1930
If non-resident, give place and state. Miami -
10. Color or race Mex.
11. Age at last birthday 28 (Years)
12. Birthplace (city or place) Jalisco
(State or country) Mex
13. Occupation
Nature of Industry Miner

14. MOTHER
Full maiden name Hortencia Sanchez
15. Residence (Usual place of abode) Miami
If non-resident, give place and state. Arizona
16. Color or race Mex
17. Age at last birthday 34 (Years)
18. Birthplace (city or place) Sonora
(State or country) Mex.
19. Occupation
Nature of Industry Housewife

20. Number of children of this mother. } (a) Born alive and now living 7
(Taken as of time of birth of child herein } (b) Born alive but now dead 0
certified and including this child.) 11 } (c) Stillborn _____ } 21. Were precautions taken against ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE 30
I hereby certify that I attended the birth of this child, who was born alive at 10:00 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 M.D.
(Physician or midwife.)

Address Miami, Arizona
Month, day, year _____
Registrar. Dec 17 1930 C. E. Dorn
Registrar.

639-1204-809