ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 71

Registered No. 16

1. PLACE OF BIRTH

County Gila State

Township Miami 3123 Loomis Way

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 Miguel Lopez (If child is not yet named, make supplemental report, as directed)

3. Sex Male | If plural births: 4. Twin, triplet, or other ___ 5. Number, in order of birth ___ | 6. Premature ___ Full term ___ | 7. Legitimate Yes | 8. Date of birth Feb 7 33 (Month, day, year)

FATHER

9. Full name Miguel Lopez

10. Residence (usual place of abode) (If nonresident, give place and State) Miami

11. Color or race Mex | 12. Age at last birthday 23 (Years)

13. Birthplace (city or place) (State or country) Mex

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

15. Industry or business in which work was done, as silk mill, sawmill, bank, Laborer

16. Date (month and year) last engaged in this work ___, 19___ | 17. Total time (years) spent in this work ___

MOTHER

18. Full name Angelita Tellarch

19. Residence (usual place of abode) (If nonresident, give place and State) Miami

20. Color Mex | 21. Age at last birthday 29 (Years)

22. Birthplace (city or place) (State or country) Mex

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Housewife

25. Date (month and year) last engaged in this work ___, 19___ | 26. Total time (years) spent in this work ___

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 7 (b) Born alive but now dead 1 (c) Stillborn 0

28. If stillborn, period of gestation ___ months or weeks | 29. Cause of stillbirth ___ Before labor ___ During labor ___

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive or stillborn at 29 a.m. on the date above stated

(When there was no attending physician or midwife, then the father, householder, etc., should make this return.)

(Signed) Nelson D. Brayton, M.D.

or Miami Cty Midwife

Address

Given name added from a supplemental report ___ (Date of)

539.207-153 Registrar.

Filed Feb 9, 19___ C. E. Orrin Registrar.

A birth, a DEATH, a MARRIAGE, a DIVORCE must be made (or both) and number of ... in order of birth stated.