

4923

RECEIVED IN 10 DAYS after birth.

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

County of Pima
District of _____
Town of Miami
or _____
City of _____ (No. _____ St; _____ Ward)

BUREAU OF VITAL STATISTICS **136** State Index No. **915**
ORIGINAL CERTIFICATE OF BIRTH Co. Register No. 247
Local Registrar's No. _____

FULL NAME OF CHILD Manuel Lopez } Born } YES
If child is not named, make Supplemental Report on blank obtainable from local registrar. } Alive } NO

Sex of Child Female } and } Number in order of birth _____ } Date of Birth Dec 8 1915
Twin, Triplet or other _____ } Legitimate _____ } (Month) (Day) (Yr.)

FATHER
Full Name Manuel Lopez
Residence Miami
Color or Race Mex Age at last Birthday 25 (Years)
Birthplace Mex
Occupation Miner

MOTHER
Full Maiden Name Guadalupe Guzman
Residence Miami
Color or Race Mex. Age at last Birthday 18 (Years)
Birthplace Mexico
Occupation H. Wife

Number of child of this mother... 1 Number of children, of this mother, now living... 1 Were precautions taken against Ophthalmia neonatorum? Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of above child; and that it occurred on Dec 8 1915, at 5:30 M.

*When there is no attending physician or midwife, then the householder should make this return.

(Signature) Wesley B. Brant
(Attending physician, midwife, householder,*)

Given or christian name added from a supplemental report _____ 191____

Address _____

Filed Dec 15 1915 John H. Tracy LOCAL REGISTRAR

439-12-08-271
COUNTY REGISTRAR.

Filed Jan 7 1916 R. G. Fice COUNTY REGISTRAR.