

4531

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

State Index No. 124

PLACE OF BIRTH
County of Gila
District of Arizona
Town of Miami
or
City of _____ (No. _____ St. _____ Ward)

ORIGINAL CERTIFICATE OF BIRTH

Co. Registrar's No. 56

Local Registrar's No. _____

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

Sex of Child Male } and } Number in order of birth 7 } Legiti- } Date of Birth Jan. 17- 1919.
Twin, Triplet or other } mate? yes } Month Day Yr.

FATHER
Full Name Francisco P. Lopez
Residence Miami, Arizona
Color or Race Mex Age at last Birthday 30 Years
Birthplace Sonora - Mexico
Occupation Miner

MOTHER
Full Maiden Name Matilda Diaz
Residence Miami - Arizona
Color or Race Mex Age at last Birthday 28 Years
Birthplace Calif. Baja - Mexico
Occupation Housewife

Number of child of this Mother 7 | Number of Children, of this mother, now living 6 | Were precautions taken against Ophthalmia neonatorum? Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of the above child; and that it occurred on Jan. 17- 1919, at 11:A:M.

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

Signature Cyril M. Crow M.D.
Attending physician, midwife, householder.*

Given or Christian name added from a supplemental report _____ 1919

Address Miami, Arizona

439-117-469
COUNTY REGISTRAR.

Filed Jan 20 1919
A True Copy
Filed Mar 7 1919

W. B. Baylton
LOCAL REGISTRAR.

B. E. Fox
COUNTY REGISTRAR.