

991

CERTIFICATE AMENDED
SEE NOTATION

*Item Child's name entered per
supp. of reg. + Bipl. Cert. 6-11-1919
(1-31-74)*

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

State Index No. 174

ORIGINAL CERTIFICATE OF BIRTH

Co. Registrar's No. 310

Local Registrar's No. _____

PLACE OF BIRTH

County of Gila
District of _____
Town of Miami
City of _____

(No. _____ St; _____ Ward)

FULL NAME OF CHILD Pablo Lopez

If child is not named, make Supplemental Report on blank obtainable from local registrar. } Born } YES
Alive } NO

Sex of Child Male } and } Number in order of birth 1 } Legitimate? yes } Date of Birth Apr. 28 - 1919
Twin, Triplet or other } } } } } Month Day Yr.

FATHER
Full Name Felipe Lopez
Residence Miami, Arizona
Age at last Birthday 25 Years
Color or Race Mex
Birthplace Jalisco - Mexico
Occupation Miner

MOTHER
Full Maiden Name Christina Gonzalez
Residence Miami - Ariz.
Age at last Birthday 19 Years
Color or Race Mex
Birthplace San Antonio Texas
Occupation Housewife

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 the above child; and that it occurred on April 28, 1919 at 9 P. M.
*When there is no attending physician or midwife, then the householder should make this return.

Signature April M. Cross M.D.
Attending physician, midwife, householder.*

Given or Christian name added from a supplemental report _____ 191 _____
Address Miami, Ariz.

Filed June 15 1919 A True Copy
COUNTY REGISTRAR. 039-428-379 Filed JUL 7 1919 LOCAL REGISTRAR. Res Jay COUNTY REGISTRAR.