

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. _____
 Registered No. 131

1. PLACE OF BIRTH
 County Gila State ARIZONA
 Township _____ or Village _____
 City Miami No. 3111 Turkey Shoot Canon St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Alfonso Lopez { If child is not yet named, make supplemental report, as directed

3. Sex Male If plural births _____ 4. Twin, triplet, or other _____ 6. Premature _____ 7. Is mother married? Yes
 5. Number, in order of birth _____ Full term + 8. Date of birth Nov. 12th, 1919
(Month, day, year)

9. Full name FATHER
Augustin Lopez
 10. Residence (usual place of abode) Miami, Arizona.
(If non-resident, give place and State)
 11. Color or race Mexican 12. Age at last birthday 26 (Years)
 13. Birthplace (city or place) Colima,
(State or country) Mexico.
 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Miner
 15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Copper mining
 16. Date (month and year) last engaged in this work _____, 19____ 17. Total time (years) spent in this work 4 yrs.

18. Full maiden name MOTHER
Encarnation Miranda
 19. Residence (usual place of abode) Miami, Arizona.
(If non-resident, give place and State)
 20. Color or race Mexican 21. Age at last birthday 24 (Years)
 22. Birthplace (city or place) La Paz, Baja Calif.
(State or country) Mexico.
 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own home
 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 5 (b) Born alive but now dead 0 (c) Stillborn 0

28. If stillborn, period of gestation _____ { months or weeks } 29. Cause of stillbirth _____ { Before labor or During labor }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 3 A. m. on the date above stated
(Born alive or stillborn)
 (Signed) Cyril M. Cron, M. D.
CYRIL M. CRON M.D., Midwife
 or _____
 Address Miami, Arizona.
 Filed August 29th, 1936. C. M. Cron Registrar.

Given name added from a supplemental report _____ (Date of) _____
139-112-547

MARGIN RESERVED FOR BINDING
 WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD
 N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.