ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 152

Co. Registrar's No. 123

Local Registrar's No. .....

PLACE OF BIRTH

County of Gila

District of .....

Town of .....
or
City of Miami

(No. ..... St; ..... Ward)

FULL NAME OF CHILD Julio Perez

If child is not named, make Supplemental Report on blank obtainable from local registrar.

Born Alive: YES ~~NO~~

Sex of Child: Male | Twin, Triplet or other: and | Number in order of birth: | Legitimate: Yes | Date of Birth: Feb 16 1920 (Month Day Yr.)

FATHER		MOTHER	
Full Name	Julio Perez	Full Maiden Name	Guadalupe Lopez
Residence	Miami	Residence	Miami
Color or Race	Mexican	Color or Race	Mexican
Age at last Birthday	31 Years	Age at last Birthday	19 Years
Birthplace	Torreon, Mexico	Birthplace	San Miguel, Mexico
Occupation	Miner	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 Feb 16 1920 at 10 P.M.

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

Signature C Hotel M.D.

Attending physician, ~~midwife, householder~~*

Address Miami Ariz

Given or Christian name added from a supplemental report ..... 191..

Filed 2/28/1920

T H Slaughter
LOCAL REGISTRAR.

179-216-739
COUNTY REGISTRAR.

Filed March 1920

A True Copy

B. G. Fox
COUNTY REGISTRAR.

the number of each, in order of birth, stated. This certificate must be filed by the attending Physician or midwife with each local Registrar within 5 days after birth.