

1295

This certificate must be filed with each local Registrar within 5 days after birth.

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

County of Mila

State Index No. 104

District of _____

ORIGINAL CERTIFICATE OF BIRTH

Co. Registrar's No. 392

Town of Miami

Local Registrar's No. _____

City of _____

(No. _____ St. _____ Ward _____)

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

Sex of Child Female ^{Twin} ~~Triplet~~ or other _____ and Number in order of birth 4 Legitimate? yes Date of Birth June 26 - 1920
Month Day Yr.

FATHER
Full Name Diago Lopez
Residence Miami, Arizona
Color or Race Spanish Age at last Birthday 34 Years
Birthplace Almaria, Iruabos, Spain
Occupation Rancher

MOTHER
Full Maiden Name Isabelle Toled
Residence Miami, Arizona
Color or Race Spanish Age at last Birthday 32 Years
Birthplace Almaria, Iruabos, Spain
Occupation Housewife

Number of child of this Mother 4 Number of Children, of this mother, now living 4 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 June 26, 1920, at 4 P.M.

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

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

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

Address Miami, Arizona

339-626-936
COUNTY REGISTRAR.

Filed 7/10/20 1920

A True Copy

Filed 7/15/20 1920

T. H. Slaughter
LOCAL REGISTRAR.
T. H. Slaughter
COUNTY REGISTRAR.