

2168

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

PLACE OF BIRTH
County of Yuma State Index No. 199
District of _____ Co. Register No. 578
Town of Maricopa or _____ Local Registrar's No. _____
City of _____ (No. _____ St; _____ Ward)

FULL NAME OF CHILD Joe Lopez { Born } Yes
If child is not named, make Supplemental Report on blank obtainable from local Registrar. { Alive } NO

Sex of Child <u>male</u>	Twin, Triplet or other _____	and _____	Number in order of birth _____	Legitimate? <u>Yes</u>	Date of Birth <u>7-19-1920</u> (Month) (Day) (Yr.)
FATHER			MOTHER		
Full Name <u>Antonio Lopez</u>			Full Maiden Name <u>Felipa Profesa</u>		
Residence <u>Maricopa</u>			Residence <u>same</u>		
Color or Race <u>Mex</u>	Age at last Birthday <u>32</u> (Years)			Color or Race <u>Mex</u>	Age at last Birthday <u>28</u> (Years)
Birthplace <u>Mexico</u>			Birthplace <u>Mexico</u>		
Occupation <u>laborer</u>			Occupation <u>housewife</u>		

Number of child of this mother 3 | Number of children, of this mother, now living 3 | Were precautions taken against Ophthalmia neonatorum? 0

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of the above child; and that it occurred on July 19, 1920, at 12 AM.
{ *When there is no attending physician or midwife, then the householder should make this return. }

(Signature) Phil de la Cruz
(Attending physician, midwife, householder.)*

Given or Christian name added from a supplemental report _____ 192_____
Address Maricopa
Filed 9/3/1920 J. H. Slousky LOCAL REGISTRAR.
Filed Sept 13 1920 B. G. Fox COUNTY REGISTRAR.
A True Copy

139-719-661
COUNTY REGISTRAR.

no physician