

This certificate must be filed by the attending Physician or midwife with each local Registrar within 5 days after birth.

PLACE OF BIRTH  
 County of Gila  
 District of \_\_\_\_\_  
 Town of Miami  
 or \_\_\_\_\_  
 City of \_\_\_\_\_ (No. \_\_\_\_\_ St; \_\_\_\_\_ Ward)

**ARIZONA STATE BOARD OF HEALTH**  
 BUREAU OF VITAL STATISTICS

State Index No. 148  
 Co. Registrar's No. 706  
 Local Registrar's No. \_\_\_\_\_

**ORIGINAL CERTIFICATE OF BIRTH**

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

Sex of Child Female } and } Number in order of birth 1 } Legiti- } Date of Birth Nov. 14 - 1920  
 mated? yes } } } mate? yes } Month Day Yr.

FATHER  
 Full Name Cosme Lopez  
 Residence Miami, Arizona  
 Color or Race Mex Age at last Birthday 26 Years  
 Birthplace Juarez, Mexico  
 Occupation Miner

MOTHER  
 Full Maiden Name Eulalia Garcia  
 Residence Miami, Arizona  
 Color or Race Mex Age at last Birthday 17 Years  
 Birthplace Morenci, Arizona  
 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 Nov. 14, 1920 at 9 P.M.  
 { \*When there is no attending physician or midwife, then the householder should make this return. }

Signature Cyril M. Crow M.D.  
 Attending physician, midwife, householder.\*

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

Address Miami, Arizona

339-1114-571  
 COUNTY REGISTRAR.

Filed 12/24 1920

J. H. Slaught  
 LOCAL REGISTRAR.

Filed 12-27 1920 A True Copy

B. G. Galt  
 COUNTY REGISTRAR.