

1171

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

State Index No. 205

PLACE OF BIRTH
County of Gila

ORIGINAL CERTIFICATE OF BIRTH

Co. Registrar's No. 171

District of _____
Town of Miami

Local Registrar's No. _____

City of _____ (No. _____ St. _____ Ward _____)

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

Sex of Child Female Twin, Triplet or other } and { Number in order of birth 6 Legitimate? yes Date of Birth 3/16/1921
Month Day Yr.

FATHER
Full Name Jesus Lopez
Residence Womir Sidwig
Color or Race white Mexican Age at last Birthday 42 Years
Birthplace New Mex
Occupation laborer

MOTHER
Full Maiden Name Julia Garcia
Residence Womir Sidwig
Color or Race white mex Age at last Birthday 29 Years
Birthplace Arizona
Occupation housewife

Number of child of this Mother 6 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 3/16/1921 at 11 A.M.

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

Signature T. H. Slaughter
Attending physician, midwife, householder.*

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

Address Miami Ariz
B. M. Ward M.D.
LOCAL REGISTRAR.

Filed Mar 19 1921

Filed Apr 6 1921 A True Copy

COUNTY REGISTRAR.
139-310-171

COUNTY REGISTRAR.