

2127

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be filed for each, 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.

PLACE OF BIRTH

County of Gila
District of _____
Town of Miami
or _____
City of _____

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

State Index No. 160
Co. Registrar's No. 244
Local Registrar's No. _____

ORIGINAL CERTIFICATE OF BIRTH

(No. _____) St. _____ Ward _____

FULL NAME OF CHILD Rosa 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 3 Legitimate yes Date of Birth April 22 - 1921
Month Day Yr.

FATHER
Full Name Damas Alvarez Lopez
Residence Miami, Arizona
Color or Race Spanish Age at last Birthday 35 Years
Birthplace Lugo, Spain
Occupation Merchant

MOTHER
Full Maiden Name Maria Luna
Residence Miami, Arizona
Color or Race Mex. Age at last Birthday 30 Years
Birthplace Bisbee, Arizona
Occupation Housewife

Number of child of this Mother 3 Number of Children, of this mother, now living 3 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 April 22, 1921, at 5 A.M.

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

Signature C. M. Crow M.D.
Attending physician, midwife, householder.*

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

Address Miami, Arizona
B. W. Hardy M.D.
LOCAL REGISTRAR.

939-422-431
COUNTY REGISTRAR.

Filed May 7 1921 A True Copy
B. G. Glat
COUNTY REGISTRAR.