

\*When there is no attending physician or midwife, then the householder should make this return. This certificate must be filed by the attending Physician or midwife with each local Registrar within 5 days after birth.

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

PLACE OF BIRTH  
 County of Gila State Index No. 106  
 District of \_\_\_\_\_ ORIGINAL CERTIFICATE OF BIRTH Co. Registrar's No. 472  
 Town of \_\_\_\_\_ Local Registrar's No. \_\_\_\_\_  
 or  
 City of Miami (No. \_\_\_\_\_ St. \_\_\_\_\_ Ward)

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

Sex of Child <u>male</u>	<u>4</u> Twin, Triplet or other	and	Number in order of birth <u>2</u>	Legitimate? <u>yes</u>	Date of Birth <u>Sept - 13 - 1921</u>
Full Name <u>Ramon Lopez</u>	FATHER		Full Maiden Name <u>Ester Agunda</u>	MOTHER	
Residence <u>Miami</u>			Residence <u>Miami</u>		
Color or Race <u>Mexican</u>	Age at last Birthday <u>36</u>	Years	Color or Race <u>Mexican</u>	Age at last Birthday <u>24</u>	Years
Birthplace <u>Ariz.</u>			Birthplace <u>Mexico</u>		
Occupation <u>Laborer</u>			Occupation <u>Housewife</u>		

Number of child of this Mother 2 | Number of Children, of this mother, now living 2 | 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 9/13/21 at 6 A.M.

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

Signature J. H. Slaughter  
 Attending physician, midwife, householder.\*

Given or Christian name added from a supplemental report \_\_\_\_\_ 191\_\_\_\_  
 Address Miami, Ariz.  
 Filed Sept 17 1921 B. M. Hall, M.D. LOCAL REGISTRAR.  
939-913-511 Filed Oct 5 1921 A True Copy B. G. D. Co. COUNTY REGISTRAR.

COUNTY REGISTRAR.