

2222

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Duval
District of _____
Town of Miami
or _____
City of _____ No. _____ St. _____ Ward _____

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 84
Co. Registrar No. 75
Local Registrar No. _____

2. Full name of child Ramon Lopez } If child is not yet named, make supplemental report, as directed

3. Sex of child Male To be answered ONLY in event of plural births. 4. Twin, triplet or other. _____ 5. No., in order of birth. 2 6. Legitimate? yes 7. Date of birth Feb 1 - 1923 (Month, day, year)

8. FATHER Full name Cosme Lopez

14. MOTHER Full maiden name Eularia Garcia

9. Residence (Usual place of abode) Died Sept. 21 - 1922 If nonresident, give place and State

15. Residence (Usual place of abode) Miami, Ariz. If nonresident, give place and State

10. Color or race Mex 11. Age at last birthday 28 (Years)

16. Color or race Mex 17. Age at last birthday 18 (Years)

12. Birthplace (city or place) Zacatecas Mex (State or country)

18. Birthplace (city or place) Morenci Arizona (State or country)

13. Occupation Nature of Industry miner

19. Occupation Nature of Industry Housewife

20. Number of children of this mother (Taken as of time of birth of child here-in certified and including this child.) } 2 (a) Born alive and now living. 2 (b) Born alive but now dead. _____ (c) Stillborn _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born at 9:45 p.m. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature C. M. Crow M.D. (Physician or midwife)

Address Miami, Arizona

Given name added from a supplemental report _____ (Month, day, year)

Filed Feb 19, 1923 Leah E. Jones Local Registrar.

Filed 3/5, 1923 B. G. Fox County Registrar.

Registrar.

County Registrar.

939-201-571

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made the number of each, in order of birth, stated.