

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

PLACE OF BIRTH  
 County of Yuma State Index No. 1270  
 District of Inspiration ORIGINAL CERTIFICATE OF BIRTH Co. Register No. 152  
 Town of \_\_\_\_\_ Local Registrar's No. \_\_\_\_\_  
 or \_\_\_\_\_  
 City of \_\_\_\_\_ (No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)

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

Sex of Child F Twin, Triplet or other \_\_\_\_\_ } and } Number in order of birth \_\_\_\_\_ Legitimate? Yes Date of Birth Mar. 3 1923  
 (Month) (Day) (Yr.)

FATHER  
 Full Name Francisco R. Lopez  
 Residence 1038 Adobe Hill - Miami, Ariz  
 Color or Race Mexican Age at last Birthday 39 (Years)  
 Birthplace Mexico  
 Occupation Miner

MOTHER  
 Full Maiden Name Matilde Diaz  
 Residence Miami, Ariz  
 Color or Race Mexican Age at last Birthday 33 (Years)  
 Birthplace Mexico  
 Occupation HW.

Number of child of this mother 9 Number of Children, of this mother, now living 7 Were precautions taken against Ophthalmia neonatorum?

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

I hereby certify that I attended the birth of the above child; and that it occurred on Mar 3 1923, at 6 A.M.

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

(Signature) R. L. Larson  
 (Attending physician, midwife, householder.\*)

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

Address Inspiration, Ariz.

039-303-449  
 COUNTY REGISTRAR.

Filed Feb 31 1923

C. E. Brown  
 LOCAL REGISTRAR.

Filed 4-5 1923 A True Copy

B. G. Gray  
 COUNTY REGISTRAR.