

48 18

In order of birth stated.

**ARIZONA STATE BOARD OF HEALTH**  
BUREAU OF VITAL STATISTICS  
ORIGINAL CERTIFICATE OF BIRTH

PLACE OF BIRTH  
1. County of Gila  
District of Phoenix  
Town of Phoenix  
or  
City of \_\_\_\_\_ No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

State Index No. 143  
County Registrar No. 716  
Local Registrar No. \_\_\_\_\_

2. Full name of child Emilia Lopez (If child is not yet named, make supplemental report, as directed.)

3. Sex of Child Female To be answered ONLY in event of plural births. 4. Twin, triplet or other. YES 5. No., in order of birth. 1 6. Legitimate? YES 7. Date of birth Month Aug day 6 year 1923

8. FATHER Full name <u>Miguel Lopez</u>	14. MOTHER Full maiden name <u>Cecilia Padilla de Lopez</u>
9. Residence (Usual place of abode) <u>Davis Canyon -</u> If nonresident, give place and state	15. Residence (Usual place of abode) <u>Davis Canyon -</u> If nonresident, give place and state
10. Color or race <u>Mexican</u>	16. Color or race <u>Mexican</u>
11. Age at last birthday <u>25</u> (Years)	17. Age at last birthday <u>19</u> (Years)
12. Birthplace (city or place) <u>Chihuahua</u> (State or country) <u>Chihuahua Mexico</u>	18. Birthplace (city or place) <u>MAYENCA</u> (State or country) <u>ARIZONA</u>
13. Occupation Nature of industry <u>Miner</u>	19. Occupation Nature of industry <u>Housewife</u>

20. Number of children of this mother (a) Born alive and now living 7 (b) Born alive but now dead none (c) Stillborn \_\_\_\_\_  
(Taken as of time of birth of child herein certified and including this child.)

21. Were precautions taken against ophthalmia neonatorum? YES

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

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_ at 5 A.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 evidences of life after birth.  
Given name added from \_\_\_\_\_  
supplemental report \_\_\_\_\_

Signature Cristiana F. Yda de Bastarida  
Address Davis Canyon  
Local Registrar. \_\_\_\_\_  
County Registrar. \_\_\_\_\_

Filed Nov 30 1923  
Filed 12/3 1923

539-806-571