

MARGIN RESERVED FOR BINDING  
WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

PLACE OF BIRTH

**ARIZONA STATE BOARD OF HEALTH**

BUREAU OF VITAL STATISTICS

**ORIGINAL CERTIFICATE OF BIRTH**

1. County of Gila State Index No. 103  
 District of \_\_\_\_\_ County Registrar No. 576  
 Town of Globe or \_\_\_\_\_ Local Registrar No. \_\_\_\_\_  
 City of \_\_\_\_\_ No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Mary 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 \_\_\_\_\_ 6. Legitimate? yes 7. Date of birth 9-1-1923  
 5. No., in order of birth \_\_\_\_\_ Month Day Year

8. FATHER

Full name Mamuel Lopez

9. Residence (Usual place of abode) Globe, Ariz  
 If nonresident, give place and state

10. Color or race Mex

11. Age at last birthday 45 (Years)

12. Birthplace (city or place) Mexico  
 (State or country)

13. Occupation Miner  
 Nature of industry

20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.)  
 (a) Born alive and now living 10  
 (b) Born alive but now dead 0  
 (c) Stillborn 0

14. MOTHER

Full maiden name Cecilia Ingillo

15. Residence (Usual place of abode) Globe, Ariz  
 If nonresident, give place and state

16. Color or race Mex

17. Age at last birthday 39 (Years)

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

19. Occupation Housewife  
 Nature of industry

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 born alive at 10:50 p.m. on the date above stated.  
 (Born alive or stillborn.)

Signature T.C. Harper, M.D. (Physician or midwife)  
 Address Globe, Ariz

Given name added from \_\_\_\_\_  
 a supplemental report \_\_\_\_\_ Month, day, year.

Filed 9-5 1928 \_\_\_\_\_ Local Registrar.  
 Filed 10-6 1923 \_\_\_\_\_ County Registrar.

Registrar.

439-901-336