

232

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.

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

1. County of Dila State Index No. 172
District of _____ County Registrar No. 878
Town of Miami Local Registrar No. _____
or _____ St. _____ Ward _____
City of _____ No. _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Jesus 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 1st 5. Legitimate? yes 6. No., in order of birth 1st 7. Date of birth Dec-28-1923
Month day year

5. FATHER Full name <u>Cruz Sandoval Lopez</u>		14. MOTHER Full maiden name <u>Lucia Carrillo</u>	
9. Residence (Usual place of abode) <u>Miami, Ariz.</u> If nonresident, give place and state		15. Residence (Usual place of abode) <u>Miami, Ariz.</u> If nonresident, give place and state	
10. Color or race <u>Mex</u>	11. Age at last birthday <u>42</u> (Years)	16. Color or race <u>Mex</u>	17. Age at last birthday <u>17</u> (Years)
12. Birthplace (city or place) <u>Jalisco Mex.</u> (State or country)		18. Birthplace (city or place) <u>Zacatecas Mex</u> (State or country)	
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 1 (b) Born alive but now dead _____ (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 born 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.

Signature C. M. Crow M.D. (Physician or midwife)
Address Miami, Ariz.
Filed Dec 31, 1923 R. E. Duce Local Registrar.
Given name added from _____
Month, day, year. Filed 1-5, 1924 B. G. Gray County Registrar.

139-1228-336