PLACE OF BIRTH Gila

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

1. County of Gila
District of Miami
Town of Miami (Claypool)
or
City of ..... No. Claypool ..... Ward
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

State Index No. 140
County Registrar No. 36
Local Registrar No. .....

2. Full name of child Hilario 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 ..... 5. No., in order of birth ..... | 6. Legitimate? yes | 7. Date of birth January 14, 1924 (Month day year)

8. FATHER
Full name Manuel Lopez

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

10. Color or race Mexican | 11. Age at last birthday 24 (Years)

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

13. Occupation Baker
Nature of industry

14. MOTHER
Full maiden name Rafaela Chavez

15. Residence (Usual place of abode) Claypool, Arizona
If nonresident, give place and state

16. Color or race Mexican | 17. Age at last birthday 21 (Years)

18. Birthplace (city or place) New Mexico
(State or country)

19. Occupation Housewife
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 .....
(b) Born alive but now dead .....
(c) Stillborn 0

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 alive at 5:15 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 evidences of life after birth.

Signature F. F. Miller (Physician or midwife)
Address Miami, Arizona

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

Filed Jan 31, 1924 C. E. Irving Local Registrar.
Filed 2/6, 1924 B. G. Fox County Registrar.

Registrar.

839-114-939

V. S. No. 2

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.