

In order of birth stated.

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

PLACE OF BIRTH  
1. County of Pima  
District of \_\_\_\_\_  
Town of \_\_\_\_\_  
or Globe  
City of \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

State Index No. 99  
County Registrar No. 155  
Local Registrar No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

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

3. Sex of Child 17 To be answered ONLY in event of plural births. 4. Twin, triplet or other. 5. No., in order of birth. 6. Legitimate? ya 7. Date of birth Feb 1-1924  
Month day year

8. FATHER Full name <u>Gregorio Lopez</u>		14. MOTHER Full maiden name <u>Carmen Robles</u>	
9. Residence (Usual place of abode) <u>Jos. Moran Court</u> If nonresident, give place and state <u>Globe</u>		15. Residence (Usual place of abode) <u>Globe</u> If nonresident, give place and state	
10. Color or race <u>Mex</u>	11. Age at last birthday <u>45</u> (Years)	16. Color or race <u>Mex</u>	17. Age at last birthday <u>34</u> (Years)
12. Birthplace (city or place) (State or country) <u>Mexico</u>		18. Birthplace (city or place) (State or country) <u>Mexico</u>	
13. Occupation <u>Miner</u> Nature of industry		19. Occupation <u>Dress maker</u> 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 5  
(b) Born alive but now dead 2  
(c) Stillborn 0

21. Were precautions taken against ophthalmia neonatorum? ya

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

I hereby certify that I attended the birth of this child, who was alive at 4 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 J. W. Fortna (Physician or midwife)  
Address Globe Ariz.

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

Filed 2/7 1924  
Filed 2/6 1924

Registrar. \_\_\_\_\_  
County Registrar. P. J. Gray

939-201-392