

21155

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Gila  
 District of \_\_\_\_\_  
 Town of Inspiration  
 or \_\_\_\_\_  
 City of \_\_\_\_\_  
 No. 1037 Inspiration St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (If birth occurred in a hospital or institution, give its NAME instead of street and number)

BUREAU OF VITAL STATISTICS

State Index No. 134

ORIGINAL CERTIFICATE OF BIRTH

County Registrar No. 2104

Local Registrar No. \_\_\_\_\_

2. Full name of child Beatrice 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 Mar. 7-1924  
 Month day year

8. FATHER  
 Full name Francisco Lopez  
 9. Residence (Usual place of abode) Inspiration  
 If nonresident, give place and state \_\_\_\_\_

14. MOTHER  
 Full maiden name Matilda Diaz  
 15. Residence (Usual place of abode) Inspiration  
 If nonresident, give place and state \_\_\_\_\_

10. Color or race Mexican  
 11. Age at last birthday 40 (Years)

16. Color or race Mexican  
 17. Age at last birthday 34 (Years)

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

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

13. Occupation  
 Nature of industry miner

19. Occupation  
 Nature of industry Housewife

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 18  
 (b) Born alive but now dead \_\_\_\_\_  
 (c) Stillborn \_\_\_\_\_

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 12:30 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 P. L. Jotif md  
 (Physician or midwife)  
 Address Mary Ann

Given name added from a supplemental report \_\_\_\_\_  
 Month, day, year. Filed Mar 31 1924 L. G. Train Local Registrar.  
 Filed 4-5 1924 B. G. J. J. County Registrar.

Registrar.

239-307-449

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. 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.