

1145

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.

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

1. County of Yuma District of Miami Town of Miami

State Index No. 131
County Registrar No. 637
Local Registrar No. _____

2. Full name of child Carlos Loza (If birth occurred in a hospital or institution, give its NAME instead of street and number) St. _____ Ward _____

3. Sex of Child M 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 Aug 12-1924 Month Aug day 12 year 1924

8. FATHER Full name Lamoo Loza 9. Residence (Usual place of abode) Miami Ariz 10. Color or race Mex 11. Age at last birthday 30 (Years)

14. MOTHER Full maiden name Marie Rodriguez 15. Residence (Usual place of abode) Miami Ariz 16. Color or race Mex 17. Age at last birthday 28 (Years)

12. Birthplace (city or place) (State or country) Mexico 13. Occupation miner Nature of industry Copper 19. Occupation Homemake Nature of industry _____

20. Number of children of this mother (a) Born alive and now living 3 (b) Born alive but now dead 0 (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 Born alive at Yuma on the date above stated.
(Born alive or stillborn.)
Signature Charles E. Jovin M.D. (Physician or midwife)
Address Miami Ariz
Filed Aug 31 1924 Local Registrar. C. E. Jovin
Filed 9-5 1924 County Registrar. B. G. Jovin

Registrar. _____

331-812-499