

2111

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Dula  
District of \_\_\_\_\_  
Town of Miami  
or \_\_\_\_\_  
City of \_\_\_\_\_

BUREAU OF VITAL STATISTICS  
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 148  
County Registrar No. 734  
Local Registrar No. \_\_\_\_\_

2. Full name of child Alphonso Lopez  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)  
; 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 \_\_\_\_\_ 5. No., in order of birth 2 6. Legitimate yes 7. Date of birth Sept-17-1924  
Month day year

8. FATHER  
Full name Ancil Lopez  
9. Residence (Usual place of abode) Miami Ariz  
If nonresident, give place and state

14. MOTHER  
Full maiden name Rita Casaris  
15. Residence (Usual place of abode) Miami Ariz.  
If nonresident, give place and state

10. Color or race Mex  
11. Age at last birthday 25 (Years)

16. Color or race Mex  
17. Age at last birthday 28 (Years)

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

18. Birthplace (city or place) Chihuahua  
(State or country) Mex.

13. Occupation  
Nature of industry Miner

19. Occupation  
Nature of industry Housewife

20. Number of children of this mother (a) Born alive and now living 2 (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 opthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*30

I hereby certify that I attended the birth of this child, who was born (Born alive or stillborn) at 2 P. m. on the date above stated.

\*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.  
Given name added from a supplemental report \_\_\_\_\_  
Signature Cyril M. Brown M.D. (Physician or midwife)  
Address Miami Ariz  
Filed Sept 30 1924 Local Registrar. B. G. J. Cox  
Filed 10-6 1924 County Registrar.

Registrar.

139-917-932

in order of birth stated