

11111

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.

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Gila  
District of Lower miami  
Town of miami  
or  
City of \_\_\_\_\_

BUREAU OF VITAL STATISTICS  
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 129  
County Registrar No. 863  
Local Registrar No. \_\_\_\_\_

2. Full name of child Pentacosta 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 Nov 2 1924  
Month day year

8. FATHER  
Full name Catarino Lopez

14. MOTHER  
Full maiden name Jesus Carnacho

9. Residence (Usual place of abode) (Lower) miami Arizona  
If nonresident, give place and state

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

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

16. Color or race mexican  
17. Age at last birthday 24 (Years)

12. Birthplace (city or place) \_\_\_\_\_  
(State or country) mexico

18. Birthplace (city or place) \_\_\_\_\_  
(State or country) mexico

13. Occupation mill man  
Nature of industry Copper mining

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 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 alive at 4:15 p. m. on the date above stated.  
(Born alive or stillborn.)

Signature J. J. Miller  
(Physician or midwife)

Address miami, Arizona  
Filed Nov 30, 1924 Local Registrar.

Given name added from a supplemental report \_\_\_\_\_  
Month, day, year. \_\_\_\_\_  
Filed DEC 5, 1924 Reg. J. Cox  
County Registrar.

739 - 1102 - 136