

1130

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.

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

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

BUREAU OF VITAL STATISTICS  
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 154  
County Registrar No. 940  
Local Registrar No. \_\_\_\_\_

2. Full name of child Hector 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 3  
6. Legitimate? yes  
7. Date of birth Nov-11-1924  
Month day year

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

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

10. Color or race Mex.  
11. Age at last birthday 38 (Years)

16. Color or race Mex.  
17. Age at last birthday 30 (Years)

12. Birthplace (city or place) Sinaloa  
(State or country) Mex.

18. Birthplace (city or place) Sinaloa  
(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 1  
(c) Stillborn \_\_\_\_\_  
(Taken as of time of birth of child herein certified and including this child.)  
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 at 2 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 Cyril M. Crow M.D.  
Address Miami, Ariz.  
(Physician or midwife)

Given name added from a supplemental report \_\_\_\_\_  
Month, day, year. Filed Dec 31 1924  
Local Registrar. Filed 1-6 1925  
County Registrar. B. E. Fox

Registrar.

County Registrar.

839-1111-531