

WHEN 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.

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

1. County of Pima PLACE OF BIRTH
 District of _____
 Town of Miami
 or _____
 City of _____ (If birth occurred in a hospital or institution, give its NAME instead of street and number)

State Index No. 164
 County Registrar No. 598
 Local Registrar No. _____

2. Full name of child Enequina 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 1st 6. Legitimate? yes 7. Date of birth Nov-14-1924 (Month day year)

FATHER		MOTHER	
8. Full name <u>Esperidion Lopez</u>	11. Age at last birthday <u>32</u> (Years)	14. Full maiden name <u>Maria Lopez</u>	17. Age at last birthday <u>22</u> (Years)
9. Residence (Usual place of abode) <u>Miami Ariz.</u>		15. Residence (Usual place of abode) <u>Miami Ariz.</u>	
10. Color or race <u>Mex</u>	12. Birthplace (city or place) <u>Jalisco Mex</u> (State or country)	16. Color or race <u>Mex</u>	18. Birthplace (city or place) <u>Torreón Mex</u> (State or country)
	13. Occupation <u>Laborer</u> Nature of industry		19. Occupation <u>Housewife</u> Nature of industry
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 <u>1</u> (b) Born alive but now dead _____ (c) Stillborn _____		21. Were precautions taken against ophthalmia neonatorum? <u>yes</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born (Born alive or stillborn) at 100 m. on the date above stated.

Signature Cyril M. Brown M.D. (Physician or midwife)
 Address Miami, Ariz.
 Filed Nov 30, 1924 Local Registrar.
 Filed DEC 5 1924 County Registrar.

539-1114-439