

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD—see 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.

N. 2.

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 152
County Registrar No. _____
Local Registrar No. _____

PLACE OF BIRTH
1. County of Deila
District of _____
Town of Miami
or _____
City of _____

No. _____ (If birth occurred in a hospital or institution, give its NAME instead of street and number)
St. _____ Ward _____

2. Full name of child Matilda Lopez { If child is not yet named, make supplemental report, as directed.

3. Sex of Child <u>Female</u>	To be answered ONLY in event of plural births.	4. Twin, triplet or other.	5. No., in order of birth <u>2</u>	6. Legitimate? <u>yes</u>	7. Date of birth <u>Feb. 14 1920.</u> Month Day Year
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8. FATHER
Full name Francisco Lopez
9. Residence (Usual place of abode) Miami
If non-resident, give place and state. Arizona
10. Color or race Mex.
11. Age at last birthday 28 (Years)
12. Birthplace (city or place) Guajuato
(State or country) Mex
13. Occupation
Nature of industry miner

14. MOTHER
Full maiden name Maria Sanchez
15. Residence (Usual place of abode) Miami
If non-resident, give place and state. Ariz.
16. Color or race Mex
17. Age at last birthday 23 (Years)
18. Birthplace (city or place) Chihuahua
(State or country) Mex
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 1
(b) Born alive but now dead 1
(c) Stillborn _____

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 12:05 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 evidence of life after birth.
Signature Cyril M. Brown, M.D.
Address Miami, Ariz. (Physician or midwife).

Given name added from a supplemental report. Month, day, year _____
Filed April 5, 1925 Adrian O. Brayton
Local Registrar.
Reglatrar _____ Filed _____, 19____ County Registrar.

439-314-429