

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

State File No. 187 V
 Registered No. 252

1. PLACE OF BIRTH

County Gila State Arizona
 District or Township _____ or Village _____
 City miami No. 802 Live Oak St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Imperanza 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 Aug 24, 1925
 Month Day Year

8. FATHER
 Full name Domingo Lopez

9. Residence (Usual place of abode) miami Ariz
 If non-resident, give place and state.

10. Color or race Mexican 11. Age at last birthday 31 (Years)

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

13. Occupation Machine man
 Nature of industry Copper mine

14. MOTHER
 Full maiden name Dolores Castion

15. Residence (Usual place of abode) Miami Ariz
 If non-resident, give place and state.

16. Color or race Mexican 17. Age at last birthday 26 (Years)

18. Birthplace (city or place) _____
 (State or country) Mexico

19. Occupation Housewife
 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 4
 (b) Born alive but now dead 0
 (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 alive at 6:50 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 J. J. Miller

(Physician or midwife).

Given name added from a supplemental report _____ Address Miami, Arizona
 Month, day, year _____ Filed Apr 15, 1925 Registrar C. E. Dixon
 Registrar _____ Registrar _____

939-824-435

THIS IS A PERMANENT RECORD - DO NOT DESTROY - RETURN TO BUREAU OF VITAL STATISTICS
 ONLY WITH UNOFFICIAL RETURN