

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Yuma

District of _____

Town of Miami

or _____

City of _____

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTHState Index No. 200

County Registrar No. _____

Local Registrar No. 322No. 3217 Turkey Shoot Canon Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)2. Full name of child Raphaela 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 Oct. 25, 1925
Month Day Year8. FATHER
Full name Victor Lopez9. Residence (Usual place of abode) Miami, Arizona
If non-resident, give place and state.10. Color or race Mex. 11. Age at last birthday 29 (Years)12. Birthplace (city or place) Zacatecas, Mex.
(State or country)13. Occupation
Nature of industry Smelterman20. 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 2
(b) Born alive but now dead 1
(c) Stillborn _____14. MOTHER
Full maiden name Patrocinia Valdez15. Residence (Usual place of abode) Miami, Arizona
If non-resident, give place and state.16. Color or race Mex. 17. Age at last birthday 26 (Years)18. Birthplace (city or place) Zacatecas, Mex.
(State or country)19. Occupation
Nature of industry Housewife21. 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 1 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 Byril M. Brown, D.O. (Physician or midwife.)
Address Miami, ArizonaGiven name added from a supplemental report Filed Nov 6 1925 Local Registrar C. E. Ford
Month, day, year

Registrar _____ Filed _____ 19 _____ County Registrar _____

939-1025-759

RETURN must be made for each, and the number of each in

DATE of birth stated.

N.P. - In case of more than one child