

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

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

BUREAU OF VITAL STATISTICS  
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 134  
County Registrar No. \_\_\_\_\_  
Local Registrar No. 392

No. 528 Gibson St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)  
2. Full name of child Maria Cristina de la Luz 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 12/5/1925  
Month Day Year

8. FATHER  
Full name Cesario Lopez  
9. Residence (Usual place of abode) 528 Gibson st.  
If non-resident, give place and state.

14. MOTHER  
Full maiden name Dorothea Valadez  
15. Residence (Usual place of abode) 528 Gibson st.  
If non-resident, give place and state.

10. Color or race White  
11. Age at last birthday 43 (Years)

16. Color or race White  
17. Age at last birthday 36 (Years)

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

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

13. Occupation  
Nature of industry Miner

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 2  
(b) Born alive but now dead \_\_\_\_\_  
(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 9:15 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 Mrs. Rosa Cortez  
Address 720 Sullivan St.  
(Physician or midwife)

Given name added from a supplemental report. Filed Dec 12 1925 C. E. Dorn  
Month, day, year Local Registrar.

Registrar \_\_\_\_\_ Filed \_\_\_\_\_ 19\_\_\_\_ County Registrar.

1149-1205-459

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