

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of GilaDistrict of Lower MiamiTown of Miami

or

City of _____ No. 78 Grover Canyon St. _____ Ward _____BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTHState Index No. 176 a

County Registrar No. _____

Local Registrar No. 6652. Full name of child Ranulfo Lopez { If child is not yet named, make supplemental report, as directed.3. Sex of Child male 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 May 27, 1926 Month Day Year8. FATHER
Full name Catarino Lopez
9. Residence (Usual place of abode) Miami Arizona
If non-resident, give place and state.
10. Color or race Mexican
11. Age at last birthday 25 (Years)14. MOTHER
Full maiden name Jesus Camacho
15. Residence (Usual place of abode) Miami Arizona
If non-resident, give place and state.
16. Color or race Mexican
17. Age at last birthday 21 (Years)12. Birthplace (city or place) _____
(State or country) Mexico
13. Occupation Mill man
Nature of Industry Copper mine18. 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 2 (c) Stillborn 2 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 11:45 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 J. J. Miller (Physician or midwife) Address Miami ArizonaGiven name added from a supplemental report. Month, day, year _____ Filed June 11, 1926 Le. E. Johnson Local Registrar.

Registrar _____ Filed _____, 19____ County Registrar.

N. B. In case of more than one child at birth, a separate certificate must be filed for each child in the order of birth stated.

939-527-1361