

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case 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.

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Gila
 District of _____
 Town of Miami
 or _____
 City of _____

BUREAU OF VITAL STATISTICS
 ORIGINAL CERTIFICATE OF BIRTH

State Index No. 109
 County Registrar No. 690
 Local Registrar No. _____

No. 4134 Smelter St. St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Gilberto 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 June 9, 1926
Month Day Year

8. FATHER
 Full name Andreas Lopez
 9. Residence (Usual place of abode) Los Angeles, Calif.
If non-resident, give place and state.
 10. Color or race Mex
 11. Age at last birthday 26 (Years)
 12. Birthplace (city or place) Sonora, Mex.
(State or country)
 13. Occupation
 Nature of industry Miner

14. MOTHER
 Full maiden name Torevia Gonzalez
 15. Residence (Usual place of abode) Los Angeles, Calif.
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 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 born at 7:15 P.m. on the date above stated
(Born alive or stillborn)

Signature Cyril M. Brown, M.D. (Physician or midwife)
 Address Miami, Arizona

Given name added from a supplemental report _____ Filed July 7, 1926 C. E. Doria Local Registrar.
Month, day, year

Registrar _____

Filed _____, 19 _____

County Registrar.

739-609-379