

W. 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 Marla

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 134

District of _____

Town of Miami

County Registrar No. 739

or

Local Registrar No. _____

City of _____

No. 220 Depot Hill St. _____ Ward _____
 (If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Orlando 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 July 13, 1926
 Month Day Year

8. FATHER Full name Carlos Lopez

14. MOTHER Full maiden name Modesta Maldonado

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

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

10. Color or race Mex. 11. Age at last birthday 32 (Years)

16. Color or race Mex. 17. Age at last birthday 22 (Years)

12. Birthplace (city or place) Chihuahua
 (State or country) Mex.

18. Birthplace (city or place) Fierro
 (State or country) Mex.

13. Occupation Miner
 Nature of Industry Mining

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 3
 (b) Born alive but now dead 2
 (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 5:30 P. 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 Beryl M. Brown, D.
 (Physician or midwife)
 Address Miami, Arizona

Given name added from a supplemental report _____ Filed Aug 3, 1926 _____
 Month, day, year Local Registrar

Registrar _____ Filed _____, 19____ County Registrar _____

639-713-446