

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

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. 147
County Registrar No. 766
Local Registrar No. _____

No. 1000-A Sullivan St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

If child is not yet named, make supplemental report, as directed.

2. Full name of child Miris Lopez

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 Aug 5, 1926
Month Day Year

8. FATHER
Full name Royce Lopez

14. MOTHER
Full maiden name Raona Herrera

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

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

10. Color or race Mex. Can
11. Age at last birthday 22 (Years)

16. Color or race _____
17. Age at last birthday 18 (Years)

12. Birthplace (city or place) El Paso
(State or country) Texas

18. Birthplace (city or place) _____
(State or country) Mex. Co

13. Occupation Miner
Nature of Industry Copper

19. Occupation Housewife
Nature of Industry _____

20. Number of children of this mother } (a) Born alive and now living 1
(Taken as of time of birth of child herein } (b) Born alive but now dead 0
certified and including this child.) } (c) Stillborn 0

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 3:20 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 J. J. Miller (Physician or midwife)
Address Miami, Arizona

Given name added from a supplemental report. Month, day, year
Filed Aug 10, 1926 Local Registrar.
Filed _____ 19____ County Registrar.
Registrar _____

539-805-971