

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. 149  
County Registrar No. 819  
Local Registrar No. \_\_\_\_\_

2. Full name of child Leonard Lopez (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.

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? \_\_\_\_\_ } 7. Date of birth Sept 19 1926 }  
Month day year

8. FATHER  
Full name Augustus Sanchez  
9. Residence (Usual place of abode) Miami  
If nonresident, give place and state

14. MOTHER  
Full maiden name Maria Lopez  
15. Residence (Usual place of abode) Miami  
If nonresident, give place and state

10. Color or race Mexican  
11. Age at last birthday ? (Years)

16. Color or race Mexican  
17. Age at last birthday 23 (Years)

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

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

13. Occupation  
Nature of industry Miner

19. Occupation  
Nature of industry None

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 \_\_\_\_\_  
(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 alive (Born alive or stillborn) at 5:00 p.m. on the date above stated.

\*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 evidences of life after birth.

Signature James Clayton (Physician or midwife)  
Address \_\_\_\_\_

Given name added from a supplemental report \_\_\_\_\_  
Month, day, year. \_\_\_\_\_  
Filed Sept 19 1926  
Local Registrar J. E. Quinn  
County Registrar \_\_\_\_\_  
Registrar \_\_\_\_\_

539-919-439