

WRITE ONLY WITH ANEWADING INK—THIS IS A FEDERAL 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 Maricopa  
 District of \_\_\_\_\_  
 Town of Miami  
 or \_\_\_\_\_  
 City of \_\_\_\_\_

BUREAU OF VITAL STATISTICS  
 ORIGINAL CERTIFICATE OF BIRTH

State Index No. 174  
 County Registrar No. 857  
 Local Registrar No. \_\_\_\_\_

No. 1 Cordoba Ave. St. \_\_\_\_\_  
 (If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Lola Robelez { 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. \_\_\_\_\_ 6. Legitimate? yes  
 5. No., in order of birth. \_\_\_\_\_ 7. Date of birth Sept. 27, 1926  
 Month Day Year

8. FATHER  
 Full name Juan Francisco Robelez  
 9. Residence (Usual place of abode) Miami, Arizona  
 If non-resident, give place and state.  
 10. Color or race Mex.  
 11. Age at last birthday 40 (Years)

14. MOTHER  
 Full maiden name Josie Lopez  
 15. Residence (Usual place of abode) Miami, Arizona  
 If non-resident, give place and state.  
 16. Color or race Mex.  
 17. Age at last birthday 16 (Years)

12. Birthplace (city or place) \_\_\_\_\_  
 (State or country)  
 13. Occupation Salesman  
 Nature of Industry Sewing machines

18. Birthplace (city or place) Wassenburg, Col.  
 (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 \_\_\_\_\_  
 (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 5 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 Loyil M. Brown M.D. (Physician or midwife.)  
 Address Miami, Arizona

Given name added from a supplemental report. Filed Oct 4, 1926 Lo E. Dinn Local Registrar.  
 Month, day, year  
 \_\_\_\_\_ Filed \_\_\_\_\_, 19\_\_\_\_ Registrar  
 \_\_\_\_\_ County Registrar.

399-927-139