

ARIZONA STATE BOARD OF HEALTH

PLACE OF BIRTH *Bila*

194

1. County of *Bila*

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. *194*

District of _____

County Registrar No. _____

Town of *Miami*

Local Registrar No. *906*

or
City of _____

No. *99 Red Springs Canyon* St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child *Contancia Lopez* { If child is not yet named, make supplemental report, as directed.

3. Sex of Child *Mex: can* 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 *Oct 25 1926*
Month Day Year

8. FATHER
Full name *Maclovis Lopez*

14. MOTHER
Full maiden name *Esperanza Treviza*

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 *23* (Years)

16. Color or race *Mex: can* 17. Age at last birthday *20* (Years)

12. Birthplace (city or place) _____
(State or country) *Mex: c*

18. Birthplace (city or place) _____
(State or country) *Mex: c*

13. Occupation *miner*
Nature of industry

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 *1* 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 *9 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 *J. J. Miller* (Physician or midwife)
Address *Miami Arizona*

Given name added from a supplemental report _____ Filed *Nov 11, 1926* _____ Local Registrar.
Month, day, year

Registrar _____ Filed _____, 19 _____ County Registrar.

339-1025-531

WRITE ONLY WITH UNBLEEDING INK—PLEASE—
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.