

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

1. County of Gila
District of _____
Town of miami
or _____
City of _____

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 182
County Registrar No. 941
Local Registrar No. _____

No. 705 Sykes 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 _____

3. Sex of Child male 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 Nov 25, 1926
Month Day Year

8. FATHER
Full name Pedro Lopez

14. MOTHER
Full maiden name Nicolasa Enciso

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 Mexican
11. Age at last birthday 26 (Years)

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

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

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

13. Occupation Miner
Nature of Industry Copper 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 2
(b) Born alive but now dead 0
(c) Stillborn _____

21. Were precautions taken against ophthalmia neonatorum? _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was stillborn at 6:40 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 Dec 8, 1926 _____
Local Registrar.

Registrar

Filed _____, 19 _____

County Registrar.

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