

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 135
Registered No. 50

1. PLACE OF BIRTH

County Gila State Arizona
District or Township _____ or Village _____
City Miami No. 365 Sibley St. St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Reynaldo Lopez (If child is not yet named, make supplemental report, as directed.)
3. Sex of Child Male To be answered ONLY in event of plural births. } 4. Twin, triplet or other _____ 6. Legitimate? yes 7. Date of birth Feb-5-1928
Month Day Year

8. FATHER
Full name Abundio Lopez
9. Residence (Usual place of abode) Miami, Arizona.
If non-resident, give place and state. Arizona.
10. Color or race Mex.
11. Age at last birthday 28 (Years)
12. Birthplace (city or place) Parral, Chik. Mex.
(State or country)
13. Occupation
Nature of industry Miner

14. MOTHER
Full maiden name Concepcion Holguin
15. Residence (Usual place of abode) Miami, Arizona.
If non-resident, give place and state. Arizona.
16. Color or race Mex.
17. Age at last birthday 24 (Years)
18. Birthplace (city or place) Parral, Chik. Mex.
(State or country)
19. Occupation
Nature of industry Housewife

20. Number of children of this mother _____ } (a) Born alive and now living 5
(Taken as of time of birth of child herein certified and including this child.) } (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 at 4:45 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 Cyril M. Brown M.D.
Physician (Physician or midwife)
Address Miami, Arizona
Filed Feb 15, 1928 G. E. Jones Registrar

Given name added from a supplemental report _____
Month, day, year _____
Registrar _____

939-205-385

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT 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.