

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. *185* ✓
228

Registered No. *228*

1. PLACE OF BIRTH

County *Gila* State *Arizona*
District or Township _____ or Village _____
City *Miami* No. *1145 Sullivan St.* St. _____ Ward _____

2. Full name of child *Ernesto 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 *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 *May 29-1928*
Month Day Year

8. FATHER
Full name *Juan Lopez*

14. MOTHER
Full maiden name *Josephina Hernandez*

9. Residence (Usual place of abode) *Miami*
If non-resident, give place and state. *Arizona*

15. Residence (Usual place of abode) *Miami*
If non-resident, give place and state. *Arizona*

10. Color or race *Mex.* 11. Age at last birthday *33* (Years)

16. Color or race *Mex.* 17. Age at last birthday *21* (Years)

12. Birthplace (city or place) *Chihuahua*
(State or country) *Mex.*

18. Birthplace (city or place) *Guarajato*
(State or country) *Mex.*

13. Occupation
Nature of industry *Miner*

19. Occupation
Nature of industry *Housewife*

20. Number of children of this mother: (a) Born alive and now living *2*
(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 *2:15* A. m. on the date above stated.
(Born alive or stillborn)

Signature *Cyril M. Brown M.D.*
Physician
* 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.

Address *Miami, Arizona*
(Physician or midwife).

Month, day, year _____
Filed *June 5 1928* Registrar *Loe E. J. ...*

539-529-189