

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.

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

State File No. 157
451
 Registered No.

1. PLACE OF BIRTH

County Gila State Arizona
 District or Township _____ or Village _____
 City Miami No. 119 Met. Canon St. _____ Ward _____

2. Full name of child Teresa 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 Female 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. 15-1928
 Month Day Year

8. FATHER
 Full name Pablo Lopez
 9. Residence (Usual place of abode) Miami
 If non-resident, give place and state. Arizona
 10. Color or race Met.
 11. Age at last birthday 45 (Years)
 12. Birthplace (city or place) Jalisco
 (State or country) Met.
 13. Occupation
 Nature of industry Miner

14. MOTHER
 Full maiden name Francisca Loya
 15. Residence (Usual place of abode) Miami
 If non-resident, give place and state. Arizona
 16. Color or race Met.
 17. Age at last birthday 40 (Years)
 18. Birthplace (city or place) Chihuahua
 (State or country) Met.
 19. Occupation
 Nature of industry Housewife

20. Number of children of this mother 16
 (Taken as of time of birth of child herein certified and including this child).
 (a) Born alive and now living 9
 (b) Born alive but now dead 7
 (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 5:30 P. m. on the date above stated.
(Born alive or stillborn)

Signature Byril M. Brown, M.D.
Physician
(Physician or midwife).

Given name added from _____ Address Miami, Arizona

Month, day, year _____
 Registrar. _____
 Filed May 3 1928 Registrar. C. E. D...

339-1015-631