

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

State File No. 114  
 Registered No. 529

**1. PLACE OF BIRTH**

County Gila State Arizona  
 District or Township \_\_\_\_\_ or Village \_\_\_\_\_  
 City Miami No. 1015 Sullivan St St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Alejandro 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 }  
 5. No., in order of birth \_\_\_\_\_ } 7. Date of birth Dec. 7 - 1928  
Month Day Year

**8. FATHER**  
 Full name Alejandro Lopez  
 Residence (Usual place of abode) Miami, Arizona  
 If non-resident, give place and state. Arizona

**14. MOTHER**  
 Full maiden name Alicia Baltieras  
 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 25 (Years)

16. Color or race Mex. 17. Age at last birthday 19 (Years)

12. Birthplace (city or place) Sonora, Mex.  
 (State or country)

18. Birthplace (city or place) Sonora, Mex.  
 (State or country)

13. Occupation  
 Nature of industry miner

19. Occupation  
 Nature of industry Housewife

20. Number of children of this mother 1 } (a) Born alive and now living 1 } 21. Were precautions taken against ophthalmia neonatorum. yes  
 (Taken as of time of birth of child herein certified and including this child). } (b) Born alive but now dead \_\_\_\_\_ }  
 } (c) Stillborn \_\_\_\_\_ }

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE \***

I hereby certify that I attended the birth of this child, who was born alive at 11:30 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 Lyril M. Brown M.D.  
Physician  
 (Physician or midwife)

Given name added from a supplemental report \_\_\_\_\_ Address Miami, Arizona  
 Month, day, year \_\_\_\_\_

Registrar. \_\_\_\_\_ Filed Jan 2, 1929 Registrar. C. E. Dinn

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