

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

State File No. 119
 Registered No. 559

1. PLACE OF BIRTH

County Gila State Arizona
 District or Township _____ or Village _____
 City Miami No. 3111 Turkey Shoot Canon Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Jose 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 _____
 5. No., in order of birth _____
 6. Legitimate? yes
 7. Date of birth Dec. 8 - 1928
Month Day Year

8. FATHER
 Full name Augustine Lopez
 9. Residence (Usual place of abode) Miami, Arizona
If non-resident, give place and state.
 10. Color or race Mex.
 11. Age at last birthday 35 (Years)
 12. Birthplace (city or place) Colima
(State or country) Mex.
 13. Occupation
 Nature of industry Miner

14. MOTHER
 Full maiden name Encarnacion Miranda
 15. Residence (Usual place of abode) Miami, Arizona
If non-resident, give place and state.
 16. Color or race Mex.
 17. Age at last birthday 32 (Years)
 18. Birthplace (city or state) La Paz, Calif.
(State or country)
 19. Occupation
 Nature of industry Housewife

20. Number of children of this mother 10
(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 1
 (c) Stillborn 0
 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 4:30 A. M. on the date above stated.
(Born alive or stillborn)

Signature Loyil M. Brown, D.O.
Physician
(Physician or midwife)

Address Miami, Arizona

Month, day, year _____
 Registrar Jan 10, 1929 L. E. Jones
Registrar

139-1208-541