

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

State File No. 130
Registered No. 313

AGE OF BIRTH

City Gila State Arizona
District or Township Lower Miami or Village _____
City Miami No. 17 Brown Canyon St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

Full name of child Theodore Lopez
(If child is not yet named, make supplemental report, as directed.)

Sex of Child <u>male</u>	To be answered ONLY in event of plural births.	4. Twin, triplet or other _____	6. Legitimate? <u>yes</u>	7. Date of birth <u>July 6 1929</u> Month Day Year
		5. No., in order of birth _____		

8. FATHER
Full name Venturo Lopez
9. Residence (Usual place of abode) Miami, Arizona
If non-resident, give place and state.
10. Color or race Mexican
11. Age at last birthday 23 (Years)
12. Birthplace (city or place) _____
(State or country) Mexico
13. Occupation Miner
Nature of industry Copper

14. MOTHER
Full maiden name Maria Granilla
15. Residence (Usual place of abode) Miami, Arizona
If non-resident, give place and state.
16. Color or race Mexican
17. Age at last birthday 21 (Years)
18. Birthplace (city or place) _____
(State or country) Mexico
19. Occupation Housewife
Nature of industry _____

20. Number of children of this mother <u>1</u> (Taken as of time of birth of child herein certified and including this child.)	(a) Born alive and now living <u>1</u> (b) Born alive but now dead <u>0</u> (c) Stillborn <u>0</u>	21. Were precautions taken against ophthalmia neonatorum? <u>yes</u>
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CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*
I hereby certify that I attended the birth of this child, who was alive at 9:45 a.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 J. J. Tomlin
(Physician or midwife)

Given name added from a supplemental report _____
Address Miami, Arizona
Filed July 15 1929 Registrar P. E. Tomlin

Registrar