

U.S. DEPARTMENT OF HEALTH
N. B.—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. 142
Registered No. 3

1. PLACE OF BIRTH

County Gila State _____

District or Township _____ or Village _____

City Hayden No. _____ St. _____ Ward _____

2. Full name of child Raysa 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 Jan 6 1927
Month Day Year

8. FATHER Full name Ignacio Lopez

14. MOTHER Full maiden name Maria Romero

9. Residence (Usual place of abode) Hayden Ariz
If non-resident, give place and state

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

10. Color or race Mexican 11. Age at last birthday 39 (Years)

16. Color or race Mexican 17. Age at last birthday 32 (Years)

12. Birthplace (city or place) Reddington Arizona
(State or country)

18. Birthplace (city or place) Mamouth Arizona
(State or country)

13. Occupation Labourer
Nature of industry

19. Occupation Housewife
Nature of industry

20. Number of children of this mother 6
(Taken as of time of birth of child herein certified and including this child.)
(a) Born alive and now living 6
(b) Born alive but now dead 0
(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 _____ at 8:50 p m. on the date above stated

* 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 Charles Huestis M.D.
(Physician or midwife)

Given name added from a supplemental report _____ Address Hayden, Ariz

Month, day, year _____ Filed Jan 8th 1927 W.D. Dool
Registrar Registrar

939-106-496