

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

State File No. 162
 Registered No. _____

1. PLACE OF BIRTH

County Sila State _____
 District or Township _____ or Village _____
 City Stunkelman No. _____ St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Ester Lopez
(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 1
 6. Legitimate? Yes
 7. Date of birth Feb 19 1927
 Month Day Year

FATHER

8. Full name Augustine Lopez
 9. Residence (Usual place of abode) Stunkelman
 If non-resident, give place and state.
 10. Color or race Mexican
 11. Age at last birthday 24 (Years)
 12. Birthplace (city or place) Monterey
 (State or country) Mexico
 13. Occupation Labour
 Nature of industry

MOTHER

14. Full maiden name Ester Enriquez
 15. Residence (Usual place of abode) Stunkelman
 If non-resident, give place and state.
 16. Color or race Mexican
 17. Age at last birthday 21 (Years)
 18. Birthplace (city or place) El Paso
 (State or country) Texas
 19. Occupation House Wife
 Nature of industry

20. Number of children of this mother 2
(Taken as of time of birth of child herein certified and including this child.)
 (a) Born alive and now living 2
 (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 10:50 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 H. Hutton (Born alive or stillborn)
Rayden Arizona
(Physician or midwife)

Given name address from a supplemental report _____
 Address _____
 Filed March 1st 1927 _____
 Registrar _____ Registrar _____

539-219-559

WRITING PLAIN WITH FADING INK HIS IS A PERMANENT RECORD
 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.