

**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 Shubelman 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 \_\_\_\_\_ 6. Legitimate? Yes  
 5. No., in order of birth \_\_\_\_\_ 7. Date of birth Feb 19 1927  
 Month Day Year

8. FATHER  
 Full name Augustine Lopez  
 9. Residence Shubelman  
(Usual place of abode)  
 If non-resident, give place and state.

14. MOTHER  
 Full maiden name Ester Enriquez  
 15. Residence Shubelman  
(Usual place of abode)  
 If non-resident, give place and state.

10. Color or race Mexican  
 11. Age at last birthday 24 (Years)

16. Color or race Mexican  
 17. Age at last birthday 21 (Years)

12. Birthplace (city or town) Monterrey  
(State or country) New Leon, Mex.

18. Birthplace (city or town) El Paso  
(State or country) Texas

13. Occupation Labour  
 Nature of industry

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  
(Born alive or stillborn)

Signature Charles H. Hutton  
Raydon Arizona  
(Physician or midwife)

Given name added from a supplemental report \_\_\_\_\_  
 Address \_\_\_\_\_  
 Month, day, year \_\_\_\_\_  
 Filed March 1927 Registrar P. J. Hutton

539-219-559

WRITE PLAIN WITH INK—THIS IS A PERMANENT RECORD  
 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.