

## ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS  
STANDARD CERTIFICATE OF BIRTH

State File No. 134  
Registered No. 51

1. PLACE OF BIRTH

County Gila State Arizona  
Township \_\_\_\_\_ or Village \_\_\_\_\_  
City Hayden No. \_\_\_\_\_ St. \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child

Celia Lopez

(If child is not yet named, supplemental report, as directed)

3. Sex  
Female

If plural births

4. Twin, triplet, or other \_\_\_\_\_  
5. Number, in order of birth \_\_\_\_\_

6. Premature \_\_\_\_\_  
Full term

7. Legitimate? \_\_\_\_\_  
NOB

8. Date of birth March 9th, 1927  
(Month, day, year)

9. Full name

FATHER

Juan Lopez

18. Full maiden name

MOTHER

Ysabel Lopez

10. Residence (usual place of abode) Hayden, Arizona  
(If non-resident, give place and State)

19. Residence (usual place of abode) Hayden, Arizona  
(If non-resident, give place and State)

11. Color or race Mex

12. Age at last birthday 31 (Years)

20. Color or race Mex

21. Age at last birthday 32 (Years)

13. Birthplace (city or place) Mammoth,

(State or country)

Arizona,

22. Birthplace (city or place) Mammoth,

(State or country)

Arizona

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife,

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Copper Smelter

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. At home

16. Date (month and year) last engaged in this work  
March 8th, 1927

17. Total time (years) spent in this work 10

25. Date (month and year) last engaged in this work  
March 9th, 1927

26. Total time (years) spent in this work 14

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 8 (b) Born alive but now dead 2 (c) Stillborn \_\_\_\_\_

28. If stillborn, period of gestation \_\_\_\_\_

months or weeks

29. Cause of stillbirth \_\_\_\_\_

Before labor

During labor

### CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 3:00 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.)

(Signed) Ysabel Lopez

Mother

or \_\_\_\_\_

Midwife

Given named added from a supplemental report \_\_\_\_\_

(Date of)

Address Hayden, Arizona

Filed October 4th 1927

Registrar

339-307 8-27  
Registrar

MARGIN RESERVED FOR BINDING  
WRITE PLAINLY WITH UNFADING INK—THIS 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.