

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

State File No. 179
 Registered No. 74

1. PLACE OF BIRTH

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

2. Full name of child Frank 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 March 25, 1927
 Month Day Year

8. FATHER
 Full name Mmanuel Lopez
 9. Residence (Usual place of abode) Globe, Arizona
 If non-resident, give place and state.
 10. Color or race Mexican
 11. Age at last birthday 47 (Years)
 12. Birthplace (city or place) Mexico
 (State or country)

14. MOTHER
 Full maiden name Cecelia Injillo
 15. Residence (Usual place of abode) Globe, Arizona
 If non-resident, give place and state.
 16. Color or race Mexican
 17. Age at last birthday 42 (Years)
 18. Birthplace (city or place) Tucson, Arizona
 (State or country)

13. Occupation Laborer
 Nature of industry
 19. Occupation Housewife
 Nature of industry

20. Number of children of this mother two
 (Taken as of time of birth of child herein certified and including this child.)
 (a) Born alive and now living two
 (b) Born alive but now dead one
 (c) Stillborn none
 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 born alive at 8:20 p.m. on the date above stated
 (Born alive or stillborn.)

Signature T. C. Harper

 (Physician or midwife).

Given name added from a supplemental report _____
 Address Globe, Arizona

Month, day, year _____
 Filled 3-31, 1927 H. H. Hunt
 Registrar Registrar

* If more than one child at a time, a separate certificate must be made for each, and the number of children stated.
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639-325-336