

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

State File No. 185
 Registered No. 58

1. PLACE OF BIRTH

County Gila State Arizona
 District or Township Globe 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 Lilly 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 3 - 29 - 27
Month Day Year

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

14. MOTHER
 Full maiden name Carmen Padilla
 15. Residence (Usual place of abode) Globe, Arizona
 If non-resident, give place and state.

10. Color or race Mexican
 11. Age at last birthday 42 (Years)

16. Color or race Mexican
 17. Age at last birthday 23 (Years)

12. Birthplace (city or place) Mexico
 (State or country)

18. Birthplace (city or place) Moreno, Arizona
 (State or country)

13. Occupation laborer
 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 born alive at 10:30 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. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature C. W. Adams
Physician
(Physician or midwife).

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

Month, day, year _____
 Filed 3-31-27 Registrar [Signature]

339-329-371