

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Sila

District of _____

Town of Hayden

or

City of _____ No. _____ St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)2. Full name of child Raul 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 April 15 1927
Month Day Year8. FATHER
Full name Juan Lopez
9. Residence (Usual place of abode) Hayden
If non-resident, give place and state.14. MOTHER
Full maiden name Guaciac Valenzuela
15. Residence (Usual place of abode) Hayden
If non-resident, give place and state.10. Color or race Mex
11. Age at last birthday 54 (Years)16. Color or race Mex
17. Age at last birthday 46 (Years)12. Birthplace (city or place) Arizozilo
(State or country) San Mex18. Birthplace (city or place) Frontiers
(State or country) San Mex13. Occupation Labour
Nature of industry19. Occupation House Wife
Nature of industry20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.)
(a) Born alive and now living 3
(b) Born alive but now dead _____
(c) Stillborn _____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 _____ 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 Charles H. ... (Physician or midwife)Address Hayden ArizGiven name added from a supplemental report
Month, day, yearFiled Apr 16, 1927 W. B. Dush Local Registrar.

Filed _____, 19 _____ County Registrar.

Registrar

County Registrar.

939-415-851