

sh. and the number of each. Attd. In order of b. as more than one child at a birth, a SEPARATE

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Gila
District of _____
Town of _____
or Hayden
City of _____

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 185
County Registrar No. _____
Local Registrar No. 74

2. Full name of child Amita Lopez
(If birth occurred in a hospital or institution, give its NAME instead of street and number)
If child is not yet named, make supplemental report, as directed.

3. Sex of Child M. 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 10-31-1927
Month day year

8. FATHER
Full name Cornelio Lopez

14. MOTHER
Full maiden name Maria Arviso

9. Residence (Usual place of abode) Hayden
If nonresident, give place and state _____

15. Residence (Usual place of abode) Hayden, Ariz.
If nonresident, give place and state _____

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

16. Color or race Mex.
17. Age at last birthday 40 (Years)

12. Birthplace (city or place) _____
(State or country) Mex.

18. Birthplace (city or place) Hogales, Ariz.
(State or country) _____

13. Occupation Labourer
Nature of industry _____

19. Occupation H.W.
Nature of industry _____

20. 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 4
(b) Born alive but now dead _____
(c) Stillborn 0

21. Were precautions taken against ophthalmia neonatorum? Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE* 30

I hereby certify that I attended the birth of this child, who was born alive at 12 p.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 evidences of life after birth.

Signature Yitz R. Minslow
(Physician or midwife)

Address Hayden, Ariz.

Given name added from supplemental report _____
Month, day, year.

Filed 7/22 1927
Local Registrar.

Registrar.

Filed _____ 19____
County Registrar.

139-1031-416