

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

State File No. 158
 Registered No. 87

1. PLACE OF BIRTH

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

2. Full name of child Catalina Lopez { If child is not yet named, make supplemental report, as directed.

3. Sex of Child Female To be answered ONLY In _____ of plural _____
 4. Twin, triplet or other _____ 5. Legitimate? Yes
 6. No., in order of birth _____ 7. Date of birth Nov 24 1927
 Month Day Year

8. FATHER
 Full name Senaro Lopez
 9. Residence (Usual place of abode) Hayden
 If non-resident, give place and state _____

14. MOTHER
 Full maiden name Margueta Rios
 15. Residence (Usual place of abode) Hayden
 If non-resident, give place and state _____

10. Color or race Mexican
 11. Age at last birthday 27 (Years)

16. Color or race Mexican
 17. Age at last birthday 27 (Years)

12. Birthplace (city or place) San Francisco
 (State or country) Monaquato Mex

18. Birthplace (city or place) San
 (State or country) Mexico

13. Occupation Labour
 Nature of industry _____

19. Occupation Home life
 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 1
 (b) Born alive but now dead 1
 (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 _____ at 59 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 R. Hutchins

Given name added from a supplemental report _____ Address Hayden, Ariz
 Month, day, year _____ (Physician or midwife)

Filed Nov 26 1927 W. J. J. [unclear]
 Registrar

339-11211-492

N. B. - In case of living child at a birth, STATE RETURN must be made for each, and the number of each in order of birth stated. **WRITING WITH UNFADING INK - THIS IS A PERMANENT RECORD**