

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

State File No. 153
Registered No. 17

1. PLACE OF BIRTH

County Gila State Ariz
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

Antonio 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

5. No., in order of birth

7. Date of birth

Jan. 12, 1930
Month Day Year

8. Full name

Juan Balderos

FATHER

9. Residence

(Usual place of abode)

Globe Ariz.

If non-resident, give place and state.

10. Color or race

Mex.

11. Age at last birthday 31 (Years)

14. Full maiden name

MOTHER

Antonia Lopez

15. Residence

(Usual place of abode)

Globe Ariz.

If non-resident, give place and state.

16. Color or race

Mex.

17. Age at last birthday 43 (Years)

12. Birthplace (city or place)

(State or country)

Mexico

18. Birthplace (city or place)

(State or country)

Mexico

13. Occupation

Nature of industry

miner

19. Occupation

Nature of industry

Housewife

20. Number of children of this mother

(Taken as of time of birth of child herein certified and including this child.)

5

(a) Born alive and now living

(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 born alive at 1:00 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 evidence of life after birth.

Signature

L. S. Harper
physician

(Physician or midwife.)

Given name added from a supplemental report

Month, day, year

Address

Globe, Arizona

Filed

2/10

1930

A. E. Wightman
Registrar

Registrar

Registrar

139-112-139

THIS FORM IS PREPARED UNDER THE AUTHORITY OF THE ARIZONA STATE BOARD OF HEALTH, BUREAU OF VITAL STATISTICS, AND IS TO BE USED FOR THE PURPOSES OF THE BIRTH RECORD ACT, AS AMENDED.