

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 134
Registered No. 52

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 Alfredo Lopez. (If child is not yet named, make supplemental report, as directed.)

3. Sex of Child	<small>To be answered ONLY in event of plural births.</small>	4. Twin, triplet or other	6. Legitimate?	7. Date of birth <u>Mar. 4, 1930</u>
<u>Male</u>			<u>Yes</u>	Month <u>Mar</u> Day <u>4</u> Year <u>1930</u>
		5. No., in order of birth		

8. FATHER
Full name Serapio P. Lopez

14. MOTHER
Full maiden name Amelia Rodriguez

9. Residence (Usual place of abode) Globe, Ariz.
If non-resident, give place and state.

15. Residence (Usual place of abode) Globe, Ariz.
If non-resident, give place and state.

10. Color or race
Mex.

11. Age at last birthday 28 (Years)

16. Color or race
Mex.

17. Age at last birthday 27 (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 4
(Taken as of time of birth of child herein certified and including this child.)

(a) Born alive and now living	<u>4</u>
(b) Born alive but now dead	<u>0</u>
(c) Stillborn	<u>0</u>

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 9:30 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 T. C. Harper

physician
(Physician or Midwife.)
Address Globe, Arizona

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

Filed 4/8 1930 H. E. Washburn

Registrar