

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

State File No. 154
 Registered No. _____

PLACE OF BIRTH

County Yuma State _____
 Township _____ or Village _____
 City Yuma St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

Full name of child Richard Lopez (If child is not yet named, make supplemental report, as directed)

Sex male If plural births _____ 4. Twin, triplet, or other _____ 6. Premature Yes 7. Legitimate Yes 8. Date of birth May 7, 1930
 5. Number, in order of birth _____ Full term Yes mate Yes (Month, day, year)

9. Full name of FATHER Richard Lopez
 10. Residence (usual place of abode) Yuma, Arizona
(If nonresident, give place and State)
 Color Mex 12. Age at last birthday 26 (Years)
 Birthplace (city or place) Yuma
(State or country) Ariz
 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Rancher
 15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____
 16. Date (month and year) last engaged in this work 5-7, 1930
 17. Total time (years) spent in this work _____

18. Full maiden name of MOTHER Theresa Varela
 19. Residence (usual place of abode) Yuma, Arizona
(If nonresident, give place and State)
 20. Color Mex 21. Age at last birthday 27 (Years)
 22. Birthplace (city or place) Yuma
(State or country) Ariz
 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____
 25. Date (month and year) last engaged in this work 5-7, 1930
 26. Total time (years) spent in this work _____

7. Number of children of this mother At time of this birth and including this child) (a) Born alive and now living 2 (b) Born alive but now dead 0 (c) Stillborn 0
 8. If stillborn, period of gestation _____ { months or weeks } 29. Cause of stillbirth _____
 Before labor _____
 During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at 4:00 a.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. }
 (Signed) Charles H. Hunter, M.D.
 or _____, Midwife
 Address Yuma, Ariz
 Filed July 10, 1930
 Registrar V. D. Johnson
 Registrar _____

939-507-151

...ALL FADING INK—THIS IS A PERMANENT RECORD
 W. H. UNFADING INK—THIS IS A PERMANENT RECORD
 IN CASE OF MORE THAN ONE CHILD AT A BIRTH, A SEPARATE RETURN MUST BE MADE FOR EACH, AND THE NUMBER OF EACH IN ORDER OF BIRTH RETURNED.