

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS STANDARD CERTIFICATE OF BIRTH

State File No. 121
Registered No. 104

1. PLACE OF BIRTH

County Sila State _____
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 Virginia Lopez { If child is not yet named, make supplemental report, as directed

3. Sex Female If plural births _____ 4. Twin, triplet, or other _____ 6. Premature _____ 7. Legitimate _____ 8. Date of birth Dec 4 1930
5. Number, in order of birth _____ Full term _____ male _____

9. Full name of FATHER Baldomero Lopez
10. Residence (usual place of abode) Hayden Mex
11. Color of hair Blk 12. Age at last birthday 39 (Years)
13. Birthplace (city or place) Minchoacan Mex
(State or country)
14. Trade, profession, or particular kind of work done, as spinning, sawyer, bookkeeper, etc. Labour
15. Industry or business in which work was done, as silk, sawmill, bank, etc. Copper smelter
16. Date (month and year) last engaged in this work May 1931

18. Full name of MOTHER Victoria Mary
19. Residence (usual place of abode) Hayden
20. Color of hair Blk 21. Age at last birthday 36 (Years)
22. Birthplace (city or place) Managua Mex
(State or country)
23. Trade, profession, or particular kind of work done, as housewife, typist, nurse, clerk, etc. Home wife
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 _____ 19____
26. Total time (years) spent in this work _____

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 3 (b) Born alive but now dead 2 (c) Stillborn _____

28. 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 9 30 A 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 R. Smith, M.D., M.D.

Given name added from a supplemental report _____ (Date of) _____
539-1204-519

or _____, Midwife
Address Hayden, Ariz.
Filed Dec 6 1930 2572 Paul
Registrar.