ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 17

Registered No.

1. PLACE OF BIRTH

County Cochise State Arizona

Township ..... or Village .....

City Douglas No. 630-2nd St. St. ..... Ward

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

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

3. Sex Female | If plural births { 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term ..... | 7. Legitimate? Yes | 8. Date of birth Jan. 4, 1931 (Month, day, year)

FATHER	MOTHER
9. Full name Alfredo Lopez	18. Full maiden name Amada Toroloa
10. Residence (usual place of abode) (If nonresident, give place and State) Douglas	19. Residence (usual place of abode) (If nonresident, give place and State) Douglas
11. Color or race Mex. 12. Age at last birthday 31 (Years)	20. Color or race Mex. 21. Age at last birthday 30 (Years)
13. Birthplace (city or place) ..... (State or country) Mex.	22. Birthplace (city or place) ..... (State or country) Mex.
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer.	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....
16. Date (month and year) last engaged in this work ....., 19.... 17. Total time (years) spent in this work	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 6 (At time of this birth and including this child) (a) Born alive and now living 6 (b) Born alive but now dead 0 (c) Stillborn 0

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 alive (Born alive or stillborn) at 3 a.m. on the date above stated

{ When there was no attending physician or midwife, then the father, householder, etc., should make this return. }

(Signed) Nicolo Ottaviani, M. D.

or ..... Midwife

Address .....

Given name added from a supplemental report ..... (Date of)

539-104-131 Registrar.

Filed 2/1, 1931 B. Carrelly Registrar.

Please send certificate

N. B.—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 stated.