

"FADING INK" WITH UNFADING INK—THIS IS A PERMANENT RECORD
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.

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

State File No. 128
Registered No. 10

1. PLACE OF BIRTH

County Gila State Arizona
District or Township _____ or Village _____
City _____ No. _____ St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

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

3. Sex of Child M To be answered ONLY In event of plural births. 4. Twin, triplet or other 0 5. No., in order of birth _____ 6. Legitimate? yes 7. Date of birth 1 5 31
Month Day Year

8. FATHER
Full name Padro P Lopez

14. MOTHER
Full maiden name Caria Flores

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

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

10. Color or race Wax 11. Age at last birthday 28 (Years)

16. Color or race Wax 17. Age at last birthday 22 (Years)

12. Birthplace (city or place) Mexico
(State or country)

18. Birthplace (city or place) Mex
(State or country)

13. Occupation Miner
Nature of Industry

19. Occupation W
Nature of Industry

20. Number of children of this mother 1 (Taken as of time of birth of child herein certified and including this child.) (a) Born alive and now living 1 (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 at 10:30 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. A stillborn child is one that neither breathes nor shows other evidence of life after birth.
Signature C. F. Perkins (Physician or midwife)

Given name added from a supplemental report _____ Address Miami

Month, day, year _____ Filed Jan 12 1931 Registrar _____
Registrar _____

339-105-469