

# ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS  
STANDARD CERTIFICATE OF BIRTH

State File No. **111**  
Registered No. \_\_\_\_\_

**1. PLACE OF BIRTH**

County Gila State Ariz  
District or Township \_\_\_\_\_ or Village \_\_\_\_\_  
City Winkelman No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)  
If child is not yet named, make supplemental report, as directed.

**2. Full name of child** Rosa Lopez

3. Sex of Child Female To be answered ONLY in event of plural births. 4. Twin, triplet or other \_\_\_\_\_ 5. No., in order of birth \_\_\_\_\_ 6. Legitimate Yes 7. Date of birth May 13 1931  
Month Day Year

**3. FATHER**  
Full name Ricardo Lopez  
Residence (Usual place of abode) Winkelman  
If non-resident, give place and state.

**14. MOTHER**  
Full maiden name Martha Karala  
Residence (Usual place of abode) Winkelman  
If non-resident, give place and state.

10. Color or race Mex  
11. Age at last birthday (Years) 27

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

12. Birthplace (city or town) Winkelman  
(State or country) Ariz

18. Birthplace (city or town) Mammoth  
(State or country) Ariz

13. Occupation Ranchman  
Nature of Industry \_\_\_\_\_

19. Occupation Housewife  
Nature of Industry \_\_\_\_\_

20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.)  
(a) Born alive and now living. 3  
(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 \_\_\_\_\_ at \_\_\_\_\_ on the date above stated.  
(Born alive or stillborn)

Signature Charles H. [unclear]  
(Physician or midwife)

Given name added from a supplemental report. \_\_\_\_\_ Address Hayden Ave  
Month, day, year \_\_\_\_\_ Filed June 13 1931  
Registrar [Signature] Registrar [Signature]

939-513-951