

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

State File No. 136  
 Registered No. 209

**1. PLACE OF BIRTH**

County Pima State Ariz  
 District or Township \_\_\_\_\_ or Village \_\_\_\_\_  
 City Eslohe No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

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

3. Sex of Child Female To be answered ONLY In event of plural births.  
 4. Twin, triplet or other \_\_\_\_\_ 6. Legitimate? yes  
 7. Date of birth 11-27-31  
Month Day Year

8. FATHER  
 Full name Adolph Lopez

14. MOTHER  
 Full maiden name Ida Pacheco

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

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

10. Color or race Mex  
 11. Age at last birthday 21 (Years)

16. Color or race Mex  
 17. Age at last birthday 20 (Years)

12. Birthplace (city or place) Eslohe Ariz  
(State or country)

18. Birthplace (city or place) Hos Cabazo Ariz  
(State or country)

13. Occupation Truck driver  
 Nature of industry

19. Occupation Housewife  
 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 0  
 (c) Stillborn 0

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 alive at 6:45 P 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 T. S. Harper  
Physician  
(Physician or midwife)

Given name added from a supplemental report 339-1127-976 Address Eslohe Ariz  
Month, day, year  
 Filed 12/7 1931 G. E. Weythman  
 Registrar

WRITE PLAINLY 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.