

# ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS  
STANDARD CERTIFICATE OF BIRTH

State File No. 99

Registered No. \_\_\_\_\_

**1. PLACE OF BIRTH**

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

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

3. Sex Female If plural births \_\_\_\_\_ 4. Twin, triplet, or other \_\_\_\_\_ 5. Premature \_\_\_\_\_ 6. Date of birth 10 31  
(Month, day, year)

9. Full name FATHER Henry unknown 18. Full maiden name MOTHER Refugio Lopez

10. Residence (usual place of abode) Mexico 19. Residence (usual place of abode) \_\_\_\_\_  
(If nonresident, give place and State)

11. Color Wax 12. Age at last birthday \_\_\_\_\_ (Years) 20. Color Wax 21. Age at last birthday 23 (Years)

13. Birthplace (city or place) Mexico 22. Birthplace (city or place) Mexico  
(State or country)

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. \_\_\_\_\_ 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. \_\_\_\_\_

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, etc. \_\_\_\_\_

16. Date (month and year) last engaged in this work \_\_\_\_\_ 17. Total time (years) spent in this work \_\_\_\_\_ 25. Date (month and year) last engaged in this work \_\_\_\_\_ 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 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 \_\_\_\_\_ at \_\_\_\_\_ 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. }  
 (Signed) Blanca D. Brantford M.D.  
 or Marian Midwife

Given name added from a supplemental report \_\_\_\_\_ (Date of) \_\_\_\_\_  
 Address \_\_\_\_\_

039-110-939 (Date of) \_\_\_\_\_  
 Filed Jan 12, 1932 B. E. Gilman Registrar.