

ARIZONA STATE BOARD OF HEALTH

State File No. _____
Registered No. 932

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

1. PLACE OF BIRTH

County Maricopa State Arizona
Township _____ or Village _____
City Houplun No. _____ Street and number _____ Ward _____
(If birth occurred in a hospital or institution, give its name instead of street and number)

2. Full name of child Francisco Howard Lopez or persons named, make supplemental report, as directed

3. Sex Male 4. Twin, triplet, or other _____ 5. Number, in order of birth _____
6. Premature _____ Full term _____ 7. Legitimate? Yes 8. Date of birth Oct 3, 1932
(Month, day, year)

9. Full name of FATHER Gonzalo Rodriguez
10. Residence (usual place of abode) Arizona
(If non-resident, give place and State)

18. Full name of MOTHER Francisca Howard
19. Residence (usual place of abode) Arizona
(If non-resident, give place and State)

11. Color of face Mex 12. Age at last birthday 27 (Years)
13. Birthplace (city or place) Mozahe
(State or country)

20. Color or race Mex 21. Age at last birthday 26 (Years)
22. Birthplace (city or place) Mozahe
(State or country)

OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labour
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____
16. Date (month and year) last engaged in this work _____ 17. Total time (years) spent in this work _____

OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____
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 4 (b) Born alive but now dead 0 (c) Stillborn _____

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) Charles B. Hush M.D.
Midwife

Given named added from 699-1003-685 or _____
a supplemental report (Date of) _____ Address Houplun Arizona
Filed Oct 5th, 1932 Registrar [Signature]

Registrar