

ARIZONA STATE BOARD OF HEALTH

1. PLACE OF BIRTH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 71
Registered No. _____

County Yuma State ARIZONA
Township _____ or Village _____
City Winkelman St. _____ Ward _____

2. Full name of child Clara Ingham Lopez (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)

3. Sex Female If plural births _____ 4. Twin, triplet, or other _____ 5. Number, in order of birth _____
6. Premature _____ Full term Yes 7. Legitimate? Yes 8. Date of birth Nov 3, 1952
(Month, day, year)

9. Full name Rufugio Lopez FATHER

18. Full maiden name Amelia Valby MOTHER

10. Residence (usual place of abode) Winkelman (If non-resident, give place and state)

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11. Color or race Mex 12. Age at last birthday 28 (Years)

20. Color or race Mex 21. Age at last birthday 24 (Years)

13. Birthplace (city or place) Manmout (State or country) Ariz

22. Birthplace (city or place) Tucson (State or country) Ariz

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. laborer

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housewife

15. Industry or business in which work was done, as mill, sawmill, bank, etc. Op. smelter

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, 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 4 (b) Born alive but now dead _____ (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 4:00 A. m. on the date above stated
(Born alive or stillborn)

(Signed) Charles B. Brant M.D.

or _____ Midwife
Address Hayden St

Filed Dec 12 1952 Registrar. _____ Registrar.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.
Given named added from supplemental report 329-1103-59 (Date of)