

ARIZONA STATE BOARD OF HEALTH

69

1. PLACE OF BIRTH

BUREAU OF VITAL STATISTICS

State File No. _____

STANDARD CERTIFICATE OF BIRTH

Registered No. _____

County Gila

State Ariz.

Township _____

or Village _____

City Winkelman

St. _____ Ward _____

2. Full name of child Enrique 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 Male 4. Twin, triplet, or other _____ 5. Premature _____ 6. Legitimate? Yes 7. Date of birth Apr 10 1933
(if plural births) (if full term) (month, day, year)

8. Full name Richard Lopez FATHER

9. Full maiden name Juanita Varela MOTHER

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

11. Residence (usual place of abode) Winkelman (if non-resident, give place and State)

12. Color or race Mex 13. Age at last birthday 28 (Years)

14. Color or race Mexican 15. Age at last birthday 24 (Years)

16. Birthplace (city or place) Winkelman (State or country) Arizona

17. Birthplace (city or place) Hammond (State or country) Arizona

18. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Manager

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

20. Industry or business in which work was done, as silk mill, sawmill, bank, etc. cattle

21. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Wife

22. Date (month and year) last engaged in this work about 1931

23. Date (month and year) last engaged in this work _____

24. Total time (years) spent in this work 12

25. 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 0

26. If stillborn, period of gestation _____ months or weeks 27. 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 _____ 4:23 PM 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 Hunter M.D.

Given named added from supplemental report _____ (Date of) _____

or _____ Midwife

539-4115-191 Registrar.

Address May 8th 1933 Registrar.