

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 130
 Registered No. 24
 Arizona _____

1. PLACE OF BIRTH _____

County Gila State Arizona
 Township _____ or Village _____
 City Hayden No. _____ St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

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

3. Sex Male	4. Twin, triplet, or other _____	5. Premature _____	6. Legitimate? <u>Yes</u>	7. Date of birth <u>May 14th</u> , 19 <u>33</u>
8. M plural births _____	9. Number, in order of birth _____	10. Full term <u>X</u>	11. (Month, day, year) _____	

9. Full name **FATHER**
Genaro Lopez,

18. Full maiden name **MOTHER**
Margarita Rios,

10. Residence (usual place of abode) Hayden, Arizona.
(If non-resident, give place and State)

19. Residence (usual place of abode) Hayden, Arizona.
(If non-resident, give place and State)

11. Color or race Max 12. Age at last birthday 33 (Years)

20. Color or race Max 21. Age at last birthday 33 (Years)

13. Birthplace (city or place) San Francisco de Rincon,
(State or country) Guanajuato, Mexico.

22. Birthplace (city or place) Leon de los Rios,
(State or country) Leon, Mexico.

14. Trade, profession, or particular kind of work done, as spinner, lawyer, 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 silk mill, sawmill, bank, etc. Copper Smelter

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

16. Date (month and year) last engaged in this work April, 1933

25. Date (month and year) last engaged in this work May, 1933

3. Number of children of this mother 8
(At time of this birth and including this child) (a) Born alive and now living (b) Born alive but now dead (c) Stillborn

4. M stillborn, period of gestation _____ months or weeks 28. 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 born alive at 2:00 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.

(Signed) Charles B. Fust M. D.
 or _____ Midwife

5. Name added from supplemental report 739-514-492
(Date of)

Address Hayden, Arizona
 Filed May 17th., 1933
 Registrar _____