

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS STANDARD CERTIFICATE OF BIRTH

State File No. 72a
Registered No. _____
Arizona _____

1. PLACE OF BIRTH

County Gila State _____
Township _____ or Village _____
City Maricopa or 499 Skyline Trail (If birth occurred in a hospital or institution, give its NAME instead of street and number) Ward _____

2. Full name of child _____

(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 Aug 2, 1933
(Month, day, year)

8. Full name FATHER Edon Lopez

18. Full maiden name MOTHER Marie Flores

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

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

10. Color or hair Black 11. Age at last birthday 76 (Years)

20. Color or hair Black 21. Age at last birthday 75 (Years)

12. Birthplace (city or place) (State or country) Maricopa

22. Birthplace (city or place) (State or country) Maricopa

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

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

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 saw mill, lawyer's office, silk mill, etc. _____

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

25. Date (month and year) last engaged 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 _____

(b) Born alive but now dead _____ (c) Stillborn 1

28. If stillborn, period of gestation _____ (month or week)

29. Cause of stillbirth _____ Before labor X During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at _____ on the date above stated (Specify labor or stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Nelson Grayson _____
or Maricopa _____ Midwife

Given name added from a supplemental report _____ (Date of) 039-402-462
Registrar.

Address _____
Filed Aug 3, 1933 WA Buler Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS PERMANENT RECORD. If name of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.