

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No.

119

Registered No.

100

1. PLACE OF BIRTH

County Isia State Arizona
 District or Township _____ or Village _____
 City Islohe No. _____ St. _____ Ward _____
Of birth occurred in a hospital or institution, give its NAME instead of street and number.

2. Full name of child

Jony Carl Lopez

If child is not yet named, make supplemental report, as directed.

3. Sex of child

To be answered ONLY
 in event of plural
 births.

4. Twin, triplet or other

5. Legitimate?

7. Date

Nov. 19, 1933
 Month Day Year

male

6. No., in order of birth

Yes

8. FATHER
 Full name Cornelio Lopez

14. MOTHER
 Full maiden name Lola Montoya

9. Residence
 (Usual place of abode) Islohe
 If non-resident, give place and state. Ariz.

15. Residence
 (Usual place of abode) Islohe
 If non-resident, give place and state. Ariz.

10. Color or race
Mexican

11. Age at last birthday 29 (Years)

16. Color or race
Mexican

17. Age at last birthday 21 (Years)

12. Birthplace (city or place) Islohe
 (State or country) Ariz.

18. Birthplace (city or place) Wilcox
 (State or country) Ariz.

13. Occupation
 Nature of industry Laborer

19. Occupation
 Nature of industry Housewife

20. Number of children of this mother 2
 (Taken as of time of birth of child herein
 certified and including this child.)

(a) Born alive and now living 1
 (b) Born alive but now dead 0
 (c) Stillborn 0

**21. Were precautions taken against oed.
 chaimia neonatorum?** Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 8:30 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. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature T. S. Nappel
 Physician or Midwife

Given name added from a supplemental report _____
 Month, day, year _____

Address Islohe, Ariz.
 Filed DEC 1 - 1933 Registrar W. Brock

Registrar
339-1119-34