

2639

ARIZONA STATE BOARD OF HEALTH

1. PLACE OF BIRTH

BUREAU OF VITAL STATISTICS  
STANDARD CERTIFICATE OF BIRTH

State File No. \_\_\_\_\_  
Registered No. 77

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

2. Full name of child Antonia Lopez (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 \_\_\_\_\_ 7. Legitimate? \_\_\_\_\_ 8. Date of birth May 7 1908, 19\_\_\_\_  
(Month, day, year)

9. Full name Gregario Lopez FATHER

18. Full maiden name Romana Vega MOTHER

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

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

11. Color or race white 12. Age at last birthday 57 (Years)

20. Color or race white 21. Age at last birthday 40 (Years)

13. Birthplace (city or place) San Bernardo  
(State or country) Durango Mexico

22. Birthplace (city or place) San Bernado  
(State or country) Durgago Mexico

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 silk mill, sawmill, bank, etc. \_\_\_\_\_

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 still, 19\_\_\_\_

25. Date (month and year) last engaged in this work still, 19\_\_\_\_

17. Total time (years) spent in this work all life

26. Total time (years) spent in this work all of life

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 3 (b) Born alive but now dead 4 (c) Stillborn \_\_\_\_\_

28. If stillborn, period of gestation none months or weeks 29. Cause of stillbirth none Before labor \_\_\_\_\_ During labor \_\_\_\_\_

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was May 14 1908 at 6 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) M. Ynes Carsteneda M.D. Midwife

Given named added from a supplemental report \_\_\_\_\_ (Date of) \_\_\_\_\_

Address Ruiz Canyon Globe Arizona  
Filed 7/15, 1932 S. E. Wightman Registrar.

number of each in order of birth stated.

129-457-1