

2787

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

Registered No. 26

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

2. Full name of child Anita Burrola Lopez { If child is not yet an supplemental report, a

3. Sex Female If plural births _____ 4. Twin, triplet, or other _____ 5. Number, in order of birth _____
6. Premature _____ Full term _____ 7. Married? Yes 8. Date of birth December 3 1912
(Month, day, year)

9. Full name Celestino Lopez FATHER
10. Residence (usual place of abode) Miami, Arizona
(If non-resident, give place and State)
11. Color or race Mex 12. Age at last birthday 35 38 (Years)
13. Birthplace (city or place) Mexico
(State or country)
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Laborer
16. Date (month and year) last engaged in this work _____ 19____
17. Total time (years) spent in this work _____

18. Full maiden name Rita Burrola MOTHER
19. Residence (usual place of abode) Miami, Arizona
(If non-resident, give place and State)
20. Color or race Mex 21. Age at last birthday 30 33
22. Birthplace (city or place) Mexico
(State or country)
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Housekeeper
25. Date (month and year) last engaged in this work _____ 19____
26. Total time (years) spent in this work _____

27. Number of children of this mother 1 1 1
(At time of this birth and including this child) (a) Born alive and now living 3 (b) Born alive but now dead 0 (c) Stillborn 0

28. If stillborn, period of gestation _____ months or weeks 29. 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 A live at 12 A. M. on the date above
(Born alive or stillborn)

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

(Signed) Rita B Lopez
or _____
Address _____
Filed Feb. 27 1925 C. M. Cron Registrar.

Given name added from a supplemental report 139-1203-921
(Date of) _____

MARGIN RESERVED FOR BINDING
WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD
N. B.--In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each must be stated in order of birth.