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ARIZONA STATE BOARD OF HEALTH

State File No. 1436
Registered No. 47

PLACE OF BIRTH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE 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)

Full name of child Carmen Lopez { If child is not yet named, make supplemental report, as directed

Sex Male If plural births _____ 4. Twin, triplet, or other _____ 6. Premature _____ 7. Legitimate? Yes 8. Date of birth July 16, 1917
5. Number, in order of birth _____ Full term X mate? Yes (Month, day, year)

FATHER
Full name Baldemero Lopez
Residence (usual place of abode) Hayden, Ariz.
(If nonresident, give place and State)
Color or race Mex 12. Age at last birthday 25 (Years)
Birthplace (city or place) _____
(State or country) Michicacan, Mexico.
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Copper Smelter
16. Date (month and year) last engaged in this work July 16th, 1917
17. Total time (years) spent in this work 1

MOTHER
18. Full maiden name Victoriana Jaurez
19. Residence (usual place of abode) Hayden, Ariz.
(If nonresident, give place and State)
20. Color or race Mex 21. Age at last birthday 22 (Years)
22. Birthplace (city or place) _____
(State or country) Guanaguato, Mexico.
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Home
25. Date (month and year) last engaged in this work July 16, 1917
26. Total time (years) spent in this work 4

Number of children of this mother time of this birth and including this child) (a) Born alive and now living 1 (b) Born alive but now dead 1 (c) Stillborn _____
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 born alive at 3.00 P.m. on the date above stated
(Born alive or stillborn)
When there was no attending physician or midwife, then the father, householder, should make this return.
name added from supplemental report _____ (Date of) _____
339-716-519 Registrar.
(Signed) Baldemero Lopez Father
or _____
Address Box 1045, Hayden, Arizona.
Filed July 18th, 1917 31. W. J. ... Registrar.