

914

PLACE OF BIRTH  
 County of Gila  
 District of \_\_\_\_\_  
 Town of Hayden  
 or  
 City of \_\_\_\_\_ (No. \_\_\_\_\_ St. \_\_\_\_\_ Ward)

**ARIZONA STATE BOARD OF HEALTH**  
 BUREAU OF VITAL STATISTICS

State Index No. 111  
 Co. Registrar's No. 206  
 Local Registrar's No. \_\_\_\_\_

**ORIGINAL CERTIFICATE OF BIRTH**

FULL NAME OF CHILD Henry Lopez Born  YES  
 If child is not named, make Supplemental Report on blank obtainable from local registrar. Alive  NO

Sex of Child Male Twin, Triplet or other \_\_\_\_\_ and Number in order of birth \_\_\_\_\_ Legitimate? ye Date of Birth April 1 1919  
 Month Day Yr

FATHER		MOTHER	
Full Name <u>Henry Lopez</u>	Residence <u>Hayden Ariz</u>	Full Maiden Name <u>Josie Lopez</u>	Residence <u>Hayden Ariz</u>
Color or Race <u>Mex</u>	Age at last Birthday <u>17</u> Years	Color or Race <u>Mex</u>	Age at last Birthday <u>16</u> Years
Birthplace <u>?</u>	Occupation <u>clerk</u>	Birthplace <u>Arizona</u>	Occupation <u>house wife</u>

Number of child of this Mother 1 Number of Children, of this mother, now living 1 Were precautions taken against Ophthalmia neonatorum? ye

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

I hereby certify that I attended the birth of the above child; and that it occurred on April 1 1919, at 9 P. M.

\*When there is no attending physician or midwife, then the householder should make this return. 839  
 401 Signature Leonard L. Wood  
 Attending physician, midwife, householder

Given or Christian name added from a supplemental report 139 1919 Filed Apr 2 1919 Address Hayden Ariz  
 LOCAL REGISTRAR.

FILED May 8 1919 A True Copy B. S. Jox  
 COUNTY REGISTRAR. COUNTY REGISTRAR.