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ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS ORIGINAL CERTIFICATE OF BIRTH

State Index No. 140a
County Registrar No. 95
Local Registrar No. _____

1. County of Gila
District of _____
Town of Globe, Ariz.
or _____
City of _____

No. _____ (If birth occurred in a hospital or institution, give its NAME instead of street and number) St. _____ Ward _____

2. Full name of child Clemente Lopez } If child is not yet named, make supplemental report, as directed.

3. Sex of Child Male To be answered ONLY in event of plural births. 4. Twin, triplet or other. _____ 5. No. in order of birth. 1st 6. Legitimate. _____ 7. Date of birth April 11 1920
Month day year

3. FATHER
Full name Clemente Lopez

14. MOTHER
Full maiden name Teresa Olivas

9. Residence (Usual place of abode) 124 Hasbin Road.
If nonresident, give place and state Globe, Ariz.

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If nonresident, give place and state Globe, Ariz.

10. Color or race Mexican 11. Age at last birthday 42 (Years)

16. Color or race Mexican 17. Age at last birthday 35 (Years)

12. Birthplace (city or place) Tucson, Ariz.
(State or country) Prima Co.

18. Birthplace (city or place) Tempe, Ariz.
(State or country) Maricopa Co.

13. Occupation
Nature of industry miner

19. Occupation
Nature of industry _____

20. Number of children of this mother (a) Born alive and now living 9 (b) Born alive but now dead 1 (c) Stillborn 0
(Taken as of time of birth of child herein certified and including this child.) 21. Were precautions taken against ophthalmia neonatorum? no

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____ at _____ m. on the date above stated.

Signature Teresa Olivas (mother)
(Physician or midwife)
Address Globe, Arizona.

Given name added from supplemental report _____
Month, day, year. Filed 2/20, 1924 _____
Registrar. 339-411-362 Filed 3/5, 1924 _____
County Registrar.

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 children in order of birth stated.
V. S. No. 2