

2092

ARIZONA STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
STANDARD CERTIFICATE OF BIRTH

State File No. 129A  
Registered No. 49

1. PLACE OF BIRTH

County Gila State Arizona  
Township \_\_\_\_\_ or Village \_\_\_\_\_  
City Hayden No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

2. Full name of child Catalina Lopez  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)  
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 X 7. Legitimate? YES 8. Date of birth April 6, 1921  
(Month, day, year)

9. Full name Baldemero Lopez FATHER

18. Full maiden name Victoriana Jaurez MOTHER

10. Residence (usual place of abode) Hayden, Ariz.  
(If nonresident, give place and State)

19. Residence (usual place of abode) Hayden, Ariz.  
(If nonresident, give place and State)

11. Color or race Mex 12. Age at last birthday 29 (Years)

20. Color or race Mex 21. Age at last birthday 26 (Years)

13. Birthplace (city or place) Michicacan, Mexico.  
(State or country)

22. Birthplace (city or place) Guanaguato, Mexico.  
(State or country)

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. Copper Smelter

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Home

16. Date (month and year) last engaged in this work April 6th, 1921

25. Date (month and year) last engaged in this work April 6, 1921

17. Total time (years) spent in this work 5

26. Total time (years) spent in this work 7

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 1 (c) Stillborn \_\_\_\_\_

28. If stillborn, period of gestation \_\_\_\_\_ {months or weeks} 29. Cause of stillbirth \_\_\_\_\_ {Before labor or During labor}

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 11.00PM 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.  
Given name added from supplemental report 339-406-519  
(Date of)

(Signed) Baldemero Lopez M.D. or Father M.D. or Midwife

Address Box 1045, Hayden, Arizona.  
Filed July 18, 1931 Registrar W. B. Paul