

145

12-2

Midwife with each local Registrar within 5 days after birth.

PLACE OF BIRTH
 County of Gila
 District of _____
 Town of Hayden
 or _____
 City of _____

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

State Index No. 161
 Co. Register No. 389
 Local Registrar's No. 19

(No. _____ St; _____ Ward)

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

| | | | | | |
|-------------------------------------|------------------------------|---|--------------------------------------|------------------------|--|
| Sex of Child <u>M</u> | Twin, Triplet or other _____ | and | Number in order of birth _____ | Legitimate? <u>yes</u> | Date of Birth <u>July 10 1921</u> (Month) (Day) (Yr.) |
| FATHER | | | MOTHER | | |
| Full Name <u>Raymond Lopez</u> | | | Full Maiden Name <u>Josefa Lopez</u> | | |
| Residence <u>San Pedro (Hayden)</u> | | | Residence <u>Hayden, Ariz</u> | | |
| Color or Race <u>Mexican</u> | | Age at last Birthday <u>29</u> (Years) | Color or Race <u>Mex.</u> | | Age at last Birthday <u>27</u> (Years) |
| Birthplace <u>Arizona</u> | | | Birthplace <u>Sonora</u> | | |
| Occupation <u>Mill hand</u> | | | Occupation <u>H. W.</u> | | |

Number of child of this mother... 6 Number of children, of this mother, now living... 3 Were precautions taken against Ophthalmia neonatorum? Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of above child; and that it occurred on July 10 1921, at 3:15 P.M.
 { *When there is no attending physician or midwife, then the householder should make this return. }
 (Signature) O.E. Wiggins, M.D.
 (Attending physician, midwife, householder. *)
 Address Ray, Ariz.

Given or christian name added from a supplemental report 191.....
 Filed July 11 1921
 Filed Aug 1 1921
 A True Copy B. G. Fox
939-710-139 COUNTY REGISTRAR.
 _____ LOCAL REGISTRAR.
 _____ COUNTY REGISTRAR.