

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

State File No. 171A
 Registered No. 48

PLACE 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 Ysabel Lopez (if child is not yet named, make supplemental report, as directed)

Sex Male Female
 If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____ }
 6. Premature _____ Full term
 7. Legitimate? YES NO
 8. Date of birth March 24th, 1923
 (Month, day, year)

FATHER
 Full name Juan Lopez
 Residence (usual place of abode) Hayden, Arizona
 (if non-resident, give place and State)
 Color or race Mex 12. Age at last birthday 28 (Years)
 Birthplace (city or place) Mammoth,
 (State or country) Arizona,
 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
 Industry or business in which work was done, as silk mill, sawmill, bank, etc. Copper Smelter
 Date (month and year) last engaged in this work March 24th 23
 17. Total time (years) spent in this work 6

MOTHER
 Full maiden name Ysabel Lopez
 19. Residence (usual place of abode) Hayden, Arizona
 (if non-resident, give place and State)
 20. Color or race Mex 21. Age at last birthday 29 (Years)
 22. Birthplace (city or place) Mammoth,
 (State or country) Arizona,
 OCCUPATION
 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. At home
 25. Date (month and year) last engaged in this work March 24th 23
 26. Total time (years) spent in this work 11

Number of children of this mother at time of this birth and including this child) (a) Born alive and now living 5. (b) Born alive but now dead 2. (c) Stillborn _____
 Stillborn, Date of gestation _____ months _____ weeks 23. 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 1:00 A m. on the date above stated
 (Born alive or stillborn)
 (Signed) Ysabel Lopez M.D.
 or _____ Mother _____ M.D.
 Address Hayden, Arizona
 Filed Oct. 4th, 1932 WSP-jub Registrar.

If there was no attending physician or midwife, then the father, householder, or other person should make this return.
 Name added from supplemental report 839-324-839
 (Date of)

Registrar.