ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

1. PLACE OF BIRTH

State File No. 115 A

Registered No. 4 9

County .....Gila.....

Township .....

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

State .....Arizona.....

or Village .....

St. ..... Ward

2. Full name of child .....Amelia Lopez.....

{ If child is not yet named, make supplemental report, as directed

3. Sex	If plural births {	4. Twin, triplet, or other	6. Premature	7. Legitimate?	8. Date of birth May 5th., 1924
Female		5. Number, in order of birth.....	Full term x	yes	(Month, day, year)

9. Full name	FATHER	18. Full maiden name	MOTHER
	Juan Lopez		Ysabel Lopez,

10. Residence (usual place of abode) Hayden, Arizona
(If non-resident, give place and State)

11. Color or race ..Mex..

12. Age at last birthday 29 (Years)

13. Birthplace (city or place) .....Mammoth,.....
(State or country) .....Arizona,.....

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Copper Smelter

16. Date (month and year) last engaged in this work May 5th., 1924

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

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 30 (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 May 5th., 1924

26. Total time (years) spent in this work 12

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 6 (b) Born alive but now dead 2 (c) Stillborn

28. If stillborn, period of gestation { months or weeks

29. 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 10:00 P m. 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.

Iven named added from supplemental report 139-505-839
(Date of)

(Signed) *Ysabel Lopez*

or .....

Address .....Hayden, Arizona.....

Mother

Filed Oct 4th, 19 32 *[signature]*

..... Registrar.

Registrar.