

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Pima

District of _____

Town of _____

or _____

City of HaydenBUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTHState Index No. 193

County Registrar No. _____

Local Registrar No. 322. Full name of child Dimas Lopez (If birth occurred in a hospital or institution, give its NAME instead of street and number)St. _____ Ward _____
If child is not yet named, make supplemental report, as directed.3. Sex of Child M. To be answered ONLY in event of plural births.

4. Twin, triplet or other _____

6. Legitimate? Yes7. Date of birth Mar 26 1925
Month Day Year

5. No., in order of birth _____

8. FATHER
Full name Faustino Lopez14. MOTHER
Full maiden name Arleta Fuentes9. Residence (Usual place of abode) Hayden
If non-resident, give place and state.15. Residence (Usual place of abode) Hayden
If non-resident, give place and state.19. Color or race White16. Color or race Mexican11. Age at last birthday 28 (Years)17. Age at last birthday 23 (Years)12. Birthplace (city or place) Primmville
(State or country) Arizona Mexico18. Birthplace (city or place) Hayden
(State or country) San, Mexico13. Occupation labor
Nature of industry Smelter19. Occupation house wife
Nature of industry _____20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.)
(a) Born alive and now living 5
(b) Born alive but now dead 0
(c) Stillborn 021. Were precautions taken against ophthalmic neonatorum? Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 4 A. m. on the date stated
(Born alive or stillborn.)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature Charles B. Huerta M.D. (Physician or midwife).Address Hayden, Ariz.Given name added from a supplemental report. Month, day, year _____ Filed Nov 31, 1925 W.D. Nash Local Registrar.

Registrar _____

Filed _____, 19 _____ County Registrar.

439 - 326 - 111

WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD
In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.

RESERVED FOR BINDING