

ARIZONA STATE BOARD OF HEALTH

State File No. 148A
Registered No. 150

1. PLACE OF BIRTH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE 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)

2. Full name of child Aurora Lopez (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 <input checked="" type="checkbox"/>	7. Legitimate? _____ yes	8. Date of birth <u>Dec. 13th</u> , 19 <u>25</u> <small>(Month, day, year)</small>
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9. Full name of FATHER
Juan Lopez

18. Full maiden name of MOTHER
Ysabel Lopez

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

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

11. Color or race Mex 12. Age at last birthday 30 (Years)

20. Color or race Mex 21. Age at last birthday 31 (Years)

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

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(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. At home

16. Date (month and year) last engaged in this work Dec. 13th 1925

25. Date (month and year) last engaged in this work Dec. 13th 1925

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 7 (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 6:00 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.)

(Signed) Ysabel Lopez, MKE
Mother

Given named added from 139-1213-839
a supplemental report (Date of)

or _____, MKEW
Address Hayden, Arizona

Filed Oct. 4th, 1932 W. D. [Signature]
Registrar.

MARGIN RESERVED FOR BINDING WITH UNFADING INK—THIS IS A PERMANENT RECORD
WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—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.