

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

State File No. 130  
Registered No. 40

**1. PLACE OF BIRTH**

County Gila State \_\_\_\_\_  
District or 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**

Francesca Lopez (If child is not yet named, make supplemental report, as directed.)

3. Sex of Child Female To be answered ONLY in event of plural births. 4. Twin, triplet or other \_\_\_\_\_ 5. No., in order of birth \_\_\_\_\_ 6. Legitimate? Yes 7. Date of birth July 12 1926  
Month Day Year

**8. FATHER**  
Full name Genaro Lopez

9. Residence (Usual place of abode) Hayden  
If non-resident, give place and state.

10. Color or race Mexican 11. Age at last birthday 26 (Years)

12. Birthplace (city or place) Honora Mexico  
(State or country)

13. Occupation Labour  
Nature of industry

**14. MOTHER**  
Full maiden name Guadalupe Morales

15. Residence (Usual place of abode) Hayden  
If non-resident, give place and state.

16. Color or race Mexican 17. Age at last birthday 20 (Years)

18. Birthplace (city or place) Morales  
(State or country) Arizona

19. Occupation Housewife  
Nature of industry

20. Number of children of this mother \_\_\_\_\_ } (a) Born alive and now living 1  
(Taken as of time of birth of child herein } (b) Born alive but now dead 0  
certified and including this child.) } (c) Stillborn 0 21. Were precautions taken against ophthalmia neonatorum? Yes

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_ at Hayden on the date above stated

\*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. Hurst (Born alive  stillborn   
(Physician or midwife)

Given name added from a supplemental report \_\_\_\_\_ Address Hayden, Arizona

Month, day, year \_\_\_\_\_ Filed July 14, 1926 W. B. Dashi  
Registrar Registrar

639-712-542

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.