

SUPPLEMENT ATTACHED

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 118

Registered No. 15

1. PLACE OF BIRTH

County Gila

District or Township

City Hayden No. _____ St. _____ Ward _____

2. Full name of child

Rilea Lopez

3. Sex of Child

Female To be answered ONLY in event of plural births.

4. Twin, triplet or other

6. Legitimate?

7. Date of birth

Mar 9 1928
Month Day Year

8. FATHER

Full name Ysidro Montano

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

10. Color or race

Mexican

11. Age at last birthday 36 (Years)

12. Birthplace (city or place)

(State or country) Amora Mexico

13. Occupation

Nature of industry Barber

14. MOTHER

Full maiden name Isobel Lopez

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

16. Color or race

Mex

17. Age at last birthday 35 (Years)

18. Birthplace (city or state)

(State or country) Mammoth Ariz

19. Occupation

Nature of industry House wife

20. Number of children of this mother

11 (Taken as of time of birth of child herein certified and including this child).

(a) Born alive and now living 8

(b) Born alive but now dead 3

(c) Stillborn _____

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 5:08 A.m. 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

(Physician or midwife)

Given name added from a supplemental report

Month, day, year

Address Hayden Ariz

Registrar.

Filed Mar 14 1928

Registrar.

339-309-839