

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

State File No. 119
Registered No. _____

1. PLACE OF BIRTH

County Pima State _____
District or Township _____
City Hayden or Village _____
No. _____ St. _____ Ward _____

2. Full name of child Margaret Lopez
(If child is not yet named, make supplemental report, as directed.)

3. Sex of Child Male 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 May 4 1928
Month Day Year

8. FATHER
Full name Augustine Lopez

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

10. Color or race Mex
11. Age at last birthday 27 (Years)

12. Birthplace (city or place) Monterrey
(State or country) Mexico Leon

13. Occupation Laborer
Nature of industry

14. MOTHER
Full maiden name Ester Enriguez

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

16. Color or race Mex
17. Age at last birthday 27 (Years)

18. Birthplace (city or state) El Paso
(State or country) Texas

19. Occupation Housewife
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 3
(b) Born alive but now dead 0
(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 _____
(Born alive or stillborn) _____ m. on the date above stated.

Signature Charles B. Huster MD
(Physician or midwife)

Given name added from a supplemental report _____
Address _____
Month, day, year _____

Registrar P. L. Hutton
Filed June 7 1928
Registrar

439-504-559

each in number of order of birth stated.