

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.

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

State File No. 140
Registered No. 251

1. PLACE OF BIRTH
County Gila State Arizona
District or Township _____ or Village _____
City Claypool No. _____ St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Medardo 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 6-8-28
Month Day Year

8. FATHER
Full name Madarnio Lopez
9. Residence (Usual place of abode) Claypool
If non-resident, give place and state _____
10. Color or race Mex
11. Age at last birthday 28 (Years)
12. Birthplace (city or place) Amoloa
(State or country) Mexico
13. Occupation Laborer
Nature of Industry Copper Concentrator

14. MOTHER
Full maiden name Jesus C de Lopez
15. Residence (Usual place of abode) Claypool
If non-resident, give place and state _____
16. Color or race Mex
17. Age at last birthday 23 (Years)
18. Birthplace (city or place) Amoloa
(State or country) Mexico
19. Occupation Housewife
Nature of Industry _____

20. Number of children of this mother 5
(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 —
(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 Born alive at 8 8 m. on the date above stated.
(Born alive or stillborn.)
Signature L. A. Lane M.D.

*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.
Given name added from a supplemental report _____ Address M. Lane Arizona (Physician or midwife).
Month, day, year _____
Filed June 15, 28 L. E. Iron Registrar

Registrar
439-608-139