

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

State File No. 185  
494  
Registered No. \_\_\_\_\_

1. PLACE OF BIRTH

County Pima State \_\_\_\_\_  
District or Township \_\_\_\_\_ or Village \_\_\_\_\_  
City Claypool St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child 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 Nov 22 1928  
Month Day Year

8. FATHER  
Full name Manuel Lopez

14. MOTHER  
Full maiden name Stephania Chavez

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

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If non-resident, give place and state.

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

16. Color or race Mexican 17. Age at last birthday 26 (Years)

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

18. Birthplace (city or place) Mexico  
(State or country)

13. Occupation  
Nature of industry Baker

19. Occupation  
Nature of industry Housewife

20. Number of children of this mother 4  
(Taken as of time of birth of child herein certified and including this child.) (a) Born alive and now living 4  
(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 \_\_\_\_\_ at \_\_\_\_\_ 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 Nelson D. Brayton  
Miami, Arizona  
(Physician or midwife).

Given name added from a supplemental report \_\_\_\_\_

Address \_\_\_\_\_

Month, day, year \_\_\_\_\_

Filed Nov 22 28 Le. E. Drim  
19. \_\_\_\_\_ Registrar

Registrar

Registrar

039-1121-939

order of birth stated.