

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

State File No. 165  
 Registered No. 240

**1. PLACE OF BIRTH**

County Gila State Arizona  
 District or Township \_\_\_\_\_ or Village \_\_\_\_\_  
 City Globe No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Mary 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. 4 5. No., in order of birth \_\_\_\_\_ 6. Legitimate? yes 7. Date of birth Dec. 22, 1928  
 Month Day Year

**8. FATHER**  
 Full name Cornelio Lopez  
 9. Residence (Usual place of abode) Globe, Arizona  
 If non-resident, give place and state.  
 10. Color or race Mexican  
 11. Age at last birthday 23 (Years)  
 12. Birthplace (city or place) Globe, Arizona  
 (State or country)  
 13. Occupation Laborer  
 Nature of industry

**14. MOTHER**  
 Full maiden name Wrsula Medina  
 15. Residence (Usual place of abode) Globe, Ariz.  
 If non-resident, give place and state.  
 16. Color or race Mexican  
 17. Age at last birthday 19 (Years)  
 18. Birthplace (city or place) Mexico  
 (State or country)  
 19. Occupation Housewife  
 Nature of industry

Number of children of this mother one taken as of time of birth of child herein certified and including this child.  
 (a) Born alive and now living one  
 (b) Born alive but now dead none  
 (c) Stillborn none  
 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 12:10 p.m. on the date above stated  
 (Born alive or stillborn.)

\* 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 J. C. Harper  
 (Physician or midwife)

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

Filed 1/4 1929 H. E. Wightman Registrar

439-1222-441