

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

State File No. 143
 Registered No. 39

1. PLACE OF BIRTH
 County Yuma State Arizona
 District or Township _____ or Village _____
 City Hayden No. _____ St. _____ Ward _____

2. Full name of child Antal Lopez
(If birth occurred in a hospital or institution, give its NAME instead of street and number)
(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 _____ 5. No., in order of birth _____ 6. Legitimate? Yes 7. Date of birth May 7 1929
 Month Day Year

8. FATHER
 Full name Parstino Lopez

14. MOTHER
 Full maiden name Anta Quintana

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

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

10. Color or race
Mexican

11. Age at last birthday 30 (Years)

16. Color or race
Mexican

17. Age at last birthday 27 (Years)

12. Birthplace (city or place) Salomville
 (State or country) Arizona

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

13. Occupation
 Nature of industry Laborer
Popper Smelter

19. Occupation
 Nature of industry House wife

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 6
 (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) at 7:00 p. 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 Eusemio Romero

 _____ (Physician or midwife)

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

Filed May 11 1929 2072
 _____ Registrar

139-175

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD 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.