

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

State File No. 182
Registered No. 136

PLACE OF BIRTH

Gila State Ariz.

City or Township Globe or Village _____

No. _____ St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

Name of child Magdalena Lopez (If child is not yet named, make supplemental report, as directed.)

Sex of Child male To be answered ONLY in event of plural births. 4. Twin, triplet or other. _____ 6. Legitimate? yes 7. Date of birth July 3, 1929
Month Day Year

FATHER
Name Clemente Lopez
Residence (Usual place of abode) Globe Ariz.
If non-resident, give place and state.

MOTHER
Full maiden name Theresa Olivas
Residence (Usual place of abode) Globe Ariz.
If non-resident, give place and state.

Color or race Mexican 11. Age at last birthday 52 (Years)

Color or race Mex. 17. Age at last birthday 42 (Years)

Birthplace (city or place) Tucson, Ariz.

Birthplace (city or place) Tempe Ariz.

Occupation miner

Occupation Housewife

Number of children of this mother 12 (a) Born alive and now living 11 (b) Born alive but now dead 1 (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 9: A. m. on the date above stated.
(Born alive or stillborn.)

Signature T. C. Happer (Physician or midwife)

Address Globe, Arizona

Filed 6/7 1929 E. E. Wightman Registrar

When there was no attending physician or midwife, then the father, householder, should make this return. A stillborn is one that neither breathes nor shows other evidence of life after birth.
Name added from _____
Supplemental report _____
Month, day, year _____
Registrar _____