

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

State File No. 194
 Registered No. 150

PLACE OF BIRTH
 County Gila State Ariz.
 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 Bandilia 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. _____ 6. Legitimate? Yes
 7. Date of birth Oct. 21, 1929
 Month Day Year

8. FATHER
 Full name Francisco Lopez
 9. Residence (Usual place of abode) Globe Ariz.
 If non-resident, give place and state. _____
 10. Color or race Mex
 11. Age at last birthday 23 (Years)
 12. Birthplace (city or place) Franklin Ariz.
 (State or country)
 13. Occupation Miner
 Nature of industry _____

14. MOTHER
 Full maiden name Bandilia Quintana
 15. Residence (Usual place of abode) Globe Ariz.
 If non-resident, give place and state. _____
 16. Color or race Mex.
 17. Age at last birthday 24 (Years)
 18. Birthplace (city or place) Safford Ariz.
 (State or country)
 19. Occupation Housewife
 Nature of industry _____

20. Number of children of this mother 3 (a) Born alive and now living 2
 Taken as of time of birth of child herein certified and including this child. (b) Born alive but now dead 0
 (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 5:40 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 T. C. [unclear]
 _____ (Physician or midwife)

Given name added from _____ Address Globe, Arizona
 supplemental report _____

Month, day, year _____
 Registrar [Signature]
 Filed Nov 9 1929 Registrar [Signature]

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