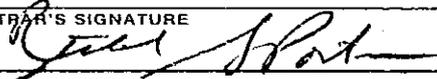


STATE OF ARIZONA  
DEPARTMENT OF HEALTH SERVICES - VITAL RECORDS SECTION  
**CERTIFICATE OF LIVE BIRTH**

BIRTH NO.  
**SB 102-** 169

<b>IDENTIFICATION OF CHILD</b>	1. NAME OF CHILD A. FIRST <b>HORTENSE</b>			B. MIDDLE			C. LAST <b>LOPEZ</b>						
	2. SEX <b>FEMALE</b>	3. TYPE OF BIRTH SINGLE, TWIN, TRIPLET, ETC. <b>SINGLE</b>		SPECIFY:		4. DATE OF BIRTH MONTH DAY YEAR <b>OCTOBER 26, 1929</b>		5. HOUR <b>12:55 AM</b>					
<b>AND PLACE OF BIRTH</b>	5. PLACE OF BIRTH A. COUNTY <b>GILA</b>		B. TOWN OR CITY <b>GLOBE</b>			C. HOSPITAL OR CLINIC (IF HOME BIRTH, GIVE STREET ADDRESS)			D. IN CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>				
	6. FATHER'S NAME A. FIRST <b>JOHN</b>			B. MIDDLE			C. LAST <b>LOPEZ</b>			7. DATE OF BIRTH MONTH DAY YEAR <b>AGE: 24 YEARS</b>			
<b>PARENTS</b>	8. MOTHER'S MAIDEN NAME A. FIRST <b>LYDIA</b>			B. MIDDLE			C. LAST <b>BARELA</b>			9. DATE OF BIRTH MONTH DAY YEAR <b>AGE: 18 YEARS</b>			
	10. PLACE OF BIRTH STATE OR COUNTRY <b>ARIZONA</b>			11. PLACE OF BIRTH STATE OR COUNTRY <b>TEXAS</b>									
<b>RESIDENCE OF MOTHER</b>	12. MOTHER'S USUAL RESIDENCE A. STATE <b>ARIZONA</b>			B. COUNTY <b>GILA</b>			C. TOWN OR CITY <b>GLOBE</b>			D. ZIP CODE			
	12E. STREET ADDRESS OR R.F.D.				12F. IN CITY LIMITS? YES <input type="checkbox"/> NO <input type="checkbox"/>		13. MOTHER'S MAILING ADDRESS (if different from item 12.)						
<b>CERTIFICATIONS:</b>	15. THE INFORMATION LISTED IN ITEMS 1-14 IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.			PARENT OR INFORMANT 15A. <b>LYDIA LOPEZ</b>			RELATIONSHIP TO CHILD <b>MOTHER</b>			17. DATE SIGNED <b>OCT 26, 1929</b>			
	18. I ATTENDED THE BIRTH OF THIS CHILD WHO WAS ALIVE AT THE PLACE, TIME AND DATE ENTERED ABOVE.			ATTENDANT 18A. <b>T.C. HARPER</b>			TITLE M.D. SPECIFY: <b>M.D.</b>			20. DATE SIGNED <b>OCT 26, 1929</b>			
	DATE REGISTERED <b>NOV 9, 1929</b>		REG. FILE NO. <b>22. 198</b>		REGISTRAR 23. <b>L.E. WRIGHTMAN</b>			REG. DISTRICT <b>GLOBE</b>		25. DATE RCVD. IN STATE OFFICE <b>NOV 14, 1929</b>			
	FOR STATE REGISTRAR USE ONLY			26. SUPPLEMENTARY ENTRIES									
<b>STATE REGISTRAR'S AUTHENTICATION</b>	27. THIS SUPPLEMENTARY BIRTH CERTIFICATE HAS BEEN ESTABLISHED IN ACCORDANCE WITH THE LAWS OF THIS STATE AND THE REGULATIONS OF THE ARIZONA STATE DEPARTMENT OF HEALTH SERVICES. THE DATA SHOWN HEREON ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.												
	DATE ESTABLISHED <b>28. FEB 15, 2002</b>		SUP. CERT. NO. <b>29. S02-93</b>		REGISTRAR'S SIGNATURE 30A. 				TITLE ASSISTANT STATE REGISTRAR 30B.				
<b>THIS SECTION FOR STATISTICAL AND ADMINISTRATIVE USE ONLY</b>													
<b>STATISTICAL ADMINISTRATIVE DATA</b>	TYPE OF ACTION <input type="checkbox"/> ADOPTION <input type="checkbox"/> LEGITIMATION <input type="checkbox"/> PATERNITY <input checked="" type="checkbox"/> OTHER 31A.		IF ADOPTION: NUMBER OF CHILDREN 31B.		OTHER CERT. NOS.		COURT WHERE GRANTED 32A. DATE ORDER WAS GRANTED 33.			COUNTY 32B. SEALED FILE NO. 35.		STATE 32C. CERT. AMENDED BY: <b>S. WACONDA</b> 36.	
	37. REMARKS: <p style="text-align: center;"><b>MADE NEW RECORD DUE TO RECORD DETERIORATED, YEAR OF BIRTH MISSING.</b></p>												
ADHS/ADM/Vital Records/VS-1A (Rev. 9-79)													