

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of YumaDistrict of Globe

Town of _____

or

City of _____

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTHState Index No. 177

County Registrar No. _____

Local Registrar No. 137

2. Full name of child

Robert Lee Mendoza

(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

maleTo be answered ONLY
in event of plural
births.

4. Twin, triplet or other

—

6. Legitimate?

Yes

7. Date

June 25, 1927

Month day year

5. No., in order of birth

3. FATHER

Full name

Ramon Mendoza

14. MOTHER

Full maiden name

Beatrice Peralta

9. Residence

(Usual place of abode)

Globe, Ariz

15. Residence

(Usual place of abode)

Globe, Ariz

If nonresident, give place and state

If nonresident, give place and state

10. Color or race

Mexican

16. Color or race

Mexican

11. Age at last birthday

22

(Years)

17. Age at last birthday

22

(Years)

12. Birthplace (city or place)

Mexico

(State or country)

18. Birthplace (city or place)

Clifton, Ariz

(State or country)

13. Occupation

miner

Nature of industry

19. Occupation

Nature of industry

Housewife

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 Three(b) Born alive but now dead none(c) Stillborn none21. Were precautions taken against oph-
thalmia 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 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
evidences of life after birth.

Signature

T. C. Harper

(Physician or midwife)

Address

Globe ArizonaGiven name added from
supplemental report

Filed

6-30, 1927W. H. Horst

Local Registrar.

Month, day, year,

9-41-1925-271

Filed

19

County Registrar.

Registrar.