

PLACE OF BIRTH

SUPPLEMENT ATTACHED

ARIZONA STATE BOARD OF HEALTH

1. County of Gila

District of Gila

Town of _____

or Miami

City of _____

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 152

County Registrar No. 554

Local Registrar No. _____

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

2. Full name of child Joaquin Mendosa

3. Sex of Child Male

To be answered ONLY
in event of plural
births.

4. Twin, triplet or other _____

5. Legitimate? Yes

7. Date of birth Sept 17 1928

Month _____ day _____ year _____

If child is not yet named, make supplemental report, as directed.

8. FATHER
Full name Joaquin Mendosa

14. MOTHER
Full maiden name Francisco Arillo

9. Residence
(Usual place of abode) Miami
If nonresident, give place and state _____

15. Residence
(Usual place of abode) Miami
If nonresident, give place and state _____

10. Color or race Hispanic

16. Color or race Hispanic

11. Age at last birthday 14 (Years)

17. Age at last birthday 22 (Years)

12. Birthplace (city or place)
(State or country) Mexico

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

13. Occupation
Nature of industry Miner

19. Occupation
Nature of industry H.W.

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 3
(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 _____ at 10 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 Helena D. Benitez (Physician or midwife)

Address Miami, Fla.

Given name added from supplemental report _____
Month, day, year _____

Filed Jan 10 1928 Local Registrar. [Signature]

Registrar. _____

Filed _____ 19 _____ County Registrar. _____

145-917-634