

PLACE OF BIRTH

1. County of Gila

District of

Town of

or Globe

City of

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTHState Index No. 125

County Registrar No.

Local Registrar No. 221

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Francisco Mendoza } If child is not yet named, make supplemental report, as directed.3. 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 10-10-1927
Month day year8. FATHER Full name Juan Mendoza 14. MOTHER Full maiden name Rosa Lucero9. Residence (Usual place of abode) Globe, Arizona 15. Residence (Usual place of abode) Globe, Arizona
If nonresident, give place and state10. Color or race Mexican 11. Age at last birthday 32 (Years) 16. Color or race Mexican 17. Age at last birthday 24 (Years)12. Birthplace (city or place) Mexico (State or country) 18. Birthplace (city or place) Mexico (State or country)13. Occupation Labourer Nature of industry 19. Occupation Housewife Nature of industry20. 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 born alive at 4:00 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 evidences of life after birth.
Signature T. C. Harper (Physician or midwife)
Address Globe, Ariz.
Given name added from supplemental report: A. J. M. Horst Local Registrar.
Month, day, year. Filed 10-31 1927

Registrar.

Filed

County Registrar.

641-1040-936