

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 168
Registered No. 629

1. PLACE OF BIRTH

County Pima State _____
District or Township _____ or village _____
City Mesa No. _____ St. _____ Ward _____

2. Full name of child Josephina Rivera } If child is not yet named, make supplemental report, as directed.

Sex of Child female } To be answered ONLY in event of plural births.
3. Twin, triplet or other. _____
4. Legitimate? Yes
5. No., in order of birth. _____
6. Date of birth Nov 24 1930
Month Day Year

8. FATHER
Full name Juan Rivera

14. MOTHER
Maiden name Maria Guis Tevandez

9. Residence (Usual place of abode) Mesa
If non-resident, give place and state.

15. Residence (Usual place of abode) Mesa
If non-resident, give place and state.

10. Color or race Mex

11. Age at last birthday (Years) 44

16. Color or race Mex

17. Age at last birthday (Years) 34

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

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

13. Occupation unemployed
Nature of Industry none

19. Occupation Housewife
Nature of Industry

6. Number of children of this mother 4
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 1
(c) Stillborn 0

21. Were precautions taken against ophthalmia neonatorum? Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

hereby certify that I attended the birth of this child, who was _____ at _____ 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. Given name added from supplemental report.

Signature Henry D. Brown
(Physician or midwife.)

Month, day, year _____ Address _____
Registrar. _____ Filed Nov 30 1930 Registrar. L. E. Dinn

191-1124-469