

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 179
Registered No. 711

1. PLACE OF BIRTH

County Gila State Arizona

District or Township _____ or Village _____

City Miami No. 709 Pine Oak St St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

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

3. Sex of Child Female To be answered ONLY in event of plural births. } 4. Twin, triplet or other _____ 5. No. in order of birth _____ } 6. Legitimate? yes 7. Date of birth Dec 23-1930
Month Day Year

8. FATHER

Full name Benjamin Mendoza

9. Residence (Usual place of abode) Miami, Arizona

If non-resident, give place and state. Arizona

10. Color or race Mex 11. Age at last birthday 32 (Years)

12. Birthplace (city or place) Chihuahua Mex
(State or country)

13. Occupation
Nature of Industry Miner

14. MOTHER

Full maiden name Manuela Renteria

15. Residence (Usual place of abode) Miami, Arizona

If non-resident, give place and state. Arizona

16. Color or race Mex 17. Age at last birthday 30 (Years)

18. Birthplace (city or place) Chihuahua Mex
(State or country)

19. Occupation
Nature of Industry Housewife

20. Number of children of this mother _____ } (a) Born alive and now living 5
(Taken as of time of birth of child herein } (b) Born alive but now dead 3
certified and including this child.) } (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 10A m. on the date above stated.
(Born alive or stillborn)

Signature Byril M. Brown M.W. (Physician or midwife.)

Given name added from _____ Address Miami, Arizona

Month, day, year _____

Registrar. C. E. Jones Registrar.

Filed Jan 10, 1931

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