ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 516 a

Registered No.

1. PLACE OF BIRTH

County Yavapai State ARIZONA

Township Verde or Village

City No. St. Ward

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

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

3. Sex Male | If plural births { 4. Twin, triplets, or other 5. Number, in order of birth | 6. Premature Full term | 7. Is mother married? | 8. Date of birth Oct. 7, 1931 (Month, day, year)

FATHER

9. Full name Bartolo Rivera

10. Residence (usual place of abode) (If non-resident, give place and State) Verde, Ariz.

11. Color or race Mex. 12. Age at last birthday 34 (Years)

13. Birthplace (city or place) (State or Country) Mexico

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mining Copper

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.

16. Date (month and year) last engaged in this work, 19

17. Total time (years) spent in this work

MOTHER

18. Full maiden name Vibiana Mendez

19. Residence (usual place of abode) (If non-resident, give place and State) Verde, Ariz.

20. Color or race Mex. 21. Age at last birthday 32 (Years)

22. Birthplace (city or place) (State or Country) New Mexico

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.

25. Date (month and year) last engaged in this work, 19

26. Total time (years) spent in this work

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 6 (b) Born alive, but now dead (c) Stillboro

28. If stillborn, period of gestation { months or weeks | 29. Cause of stillbirth { During labor Before labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 8 A.M. m. on the date above stated

{ When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Vibiana Mendez Mother, M.D.

Given name added from a supplemental report 9-11-1007-S1(T)

Address Before F. E. Smith J.P.

Filed 2-26, 1937 Jerome, Ariz.

Registrar

(Date of)

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.