ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 122

Registered No. 56

1. PLACE OF BIRTH

County Gila State Arizona

District or Township ..... or Village P. O. Box 1045 - Miami Ariz.

City Miami No. 121 Mex. Canon St. ..... Ward

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

2. Full name of child Gavina 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 Feb. 19 - 1932 (Month Day Year)

8. FATHER	14. MOTHER
Full name Amado Mendoza	Full maiden name Trinidad Garcia
9. Residence (Usual place of abode) Miami	15. Residence (Usual place of abode) Miami
If non-resident, give place and state. Arizona	If non-resident, give place and state. Arizona.
10. Color or race Mex.	16. Color or race Mex.
11. Age at last birthday 34 (Years)	17. Age at last birthday 30 (Years)
12. Birthplace (city or place) Solomonville	18. Birthplace (city or place) Metcalf
(State or country) Arizona	(State or country) Ariz.
13. Occupation	19. Occupation
Nature of industry Miner	Nature of industry Housewife

20. Number of children of this mother ..... (Taken as of time of birth of child herein certified and including this child.) 12

(a) Born alive and now living 5

(b) Born alive but now dead 7

(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 (Born alive or stillborn.) at 4 07 A. m. on the date above stated.

* 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.

Signature Cyril M. Cron M.D.

(Physician or midwife).

Given name added from a supplemental report ..... Month, day, year

Address Miami, Arizona.

Registrar

Filed Mch 2, 1932. Charles E. Osmin Registrar

741-219-371

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.