ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 100

Registered No.

1. PLACE OF BIRTH

County Gila State Arizona.

Township or Village

City Miami No. 3320 Turkey Shoot Canon St. Ward

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

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

3. Sex Female | If plural births { 4. Twin, triplet, or other 5. Number, in order of birth | 4. Premature 24 Full term 42 | 7. Legitimate? Yes | 8. Date of birth Nov. 6, 1933. (Month, day, year)

FATHER

9. Full name Jesus Mendoza

10. Residence (usual place of abode) (If nonresident, give place and State) Miami, Arizona

11. Color or race Mex. | 12. Age at last birthday 25 (Years)

13. Birthplace (city or place) (State or country) Chihuahua, Mex.

OCCUPATION

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

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 Eloisa Loya

19. Residence (usual place of abode) (If nonresident, give place and State) Miami, Arizona.

20. Color or race Mex. | 21. Age at last birthday 22 (Years)

22. Birthplace (city or place) (State or country) Clifton, Arizona.

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 3 (b) Born alive but now dead 0 (c) Stillborn 0

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 11 A.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.

(Signed) [signature] M.D. or Midwife

Address Miami, Arizona

Filed Dec. 6, 1933. [signature] Registrar.

Given name added from a supplemental report (Date of)

Registrar.

141-1106-531

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.