

1472

Baptismal certificate sent to this office, C.T.S.

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. _____
Registered No. 126

1. PLACE OF BIRTH

County Yuma State Arizona
Township Yuma or Village _____
City Yuma No. _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Luis Mendoza St. Maiden Lane St. Ward _____
(If child is not yet named, make supplemental report, as directed)

3. Sex male If plural births _____ 4. Twin, triplet, or other _____ 5. Number, in order of birth _____
6. Premature _____ Full term _____ 7. Legitimate? yes 8. Date of birth Aug. 25, 1893 19____
(Month, day, year)

9. Full name Jose Angel Mendoza FATHER
10. Residence (usual place of abode) Yuma Ariz
(If non-resident, give place and State)
11. Color or race white 12. Age at last birthday 35 (Years)
13. Birthplace (city or place) Sonora, Mexico
(State or country)

18. Full maiden name Carmen Duarte MOTHER
19. Residence (usual place of abode) Yuma Ariz
(If non-resident, give place and State)
20. Color or race white 21. Age at last birthday 33 (Years)
22. Birthplace (city or place) Sonora, Mex
(State or country)

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Farm
16. Date (month and year) last engaged in this work _____, 19____
17. Total time (years) spent in this work Life

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

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living, / (b) Born alive but now dead, (c) Stillborn, _____
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 10 P. 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.)

Given named added from _____ (Date of) _____
supplemental report _____

(Signed) _____ M.D.
or Maria Elena Lopez
& Address _____
Filed June 17, 1932 Mary A. Whiffenman
Registrar.

341-825-245