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ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. _____

Registered No. 18

Arizona _____

1. PLACE OF BIRTH

County Yuma Arizona State Arizona
Township Kofa or Village _____
City Yuma No. _____ St. _____ Ward _____

2. Full name of child Jose Angel Mendoza (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 1st
6. Premature yes Full term yes 7. Legitimate? yes 8. Date of birth Jan 12, 1927 (Month, day, year)

9. Full name Rufino Mendoza FATHER
10. Residence (usual place of abode) (If non-resident, give place and State) Kofa
11. Color or race White 12. Age at last birthday 25 (Years)
13. Birthplace (city or place) (State or country) Yuma Arizona
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. _____
16. Date (month and year) last engaged in this work Jan 12, 1927
17. Total time (years) spent in this work 10

18. Full maiden name Prudencia Mendoza MOTHER
19. Residence (usual place of abode) (If non-resident, give place and State) Kofa Arizona
20. Color or race White 21. Age at last birthday 18 (Years)
22. Birthplace (city or place) (State or country) Nogales Arizona
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 Jan, 1927
26. Total time (years) spent in this work lifetime

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living one (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 (Begin alive or stillborn) Jan 12, 1927 on the date above stated

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

(Signed) Prudencia Mendoza M.D. or Mother Midwife

Given name added from a supplemental report _____ (Date of) _____

Address _____ Filed January 26, 1934 Mary A. Whippleman Registrar

141-110-741