2357

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated. This certificate must be filed by the attending Physician or midwife with each local Registrar within 5 days after birth.

PLACE OF BIRTH

County of Gila

District of

Town of Miami

or

City of

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 111

Co. Registrar's No. 233

Local Registrar's No.

(No. St; Ward)

FULL NAME OF CHILD Manuel Mendoza

If child is not named, make Supplemental Report on blank obtainable from local registrar.

Born Alive: YES ~~NO~~

Sex of Child: Male | ~~Twin~~, ~~Triplet~~ or other | and | Number in order of birth: 2 | Legitimate? yes | Date of Birth: June 15 1922 (Month, Day, Yr.)

FATHER

Full Name: Julio Mendoza

Residence: Miami, Ariz.

Color or Race: Mex. Age at last Birthday: 26 Years

Birthplace: Sonora, Mexico

Occupation: Miner

MOTHER

Full Maiden Name: Guadalupe Verdugo

Residence: Miami, Arizona

Color or Race: Mex. Age at last Birthday: 19 Years

Birthplace: Sonora, Mexico

Occupation: Housewife

Number of child of this Mother: 2 | Number of Children, of this mother, now living: 2 | Were precautions taken against Ophthalmia Neonatorum? Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of the above child; and that it occurred on June 15, 1922 at 6:50 A.M.

*When there is no attending physician or midwife, then the householder should make this return.

Signature C. M. Crow M.D.
Attending physician, midwife, householder.*

Address Miami, Arizona

Given or Christian name added from a supplemental report ..... 191..

Filed June 25 1922
B. M. Ford
LOCAL REGISTRAR.

441-615-756
COUNTY REGISTRAR.

Filed 7-5 1922
A True Copy
B. S. Fox
COUNTY REGISTRAR.