

21111

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Pima District of \_\_\_\_\_  
 Town of Claypool City of \_\_\_\_\_  
 No. \_\_\_\_\_ (If birth occurred in a hospital or institution, give its NAME instead of street and number)  
 State Index No. 119  
 County Registrar No. 197  
 Local Registrar No. \_\_\_\_\_  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

BUREAU OF VITAL STATISTICS ORIGINAL CERTIFICATE OF BIRTH

2. Full name of child Ernesto Mendez  
 3. Sex of Child Male To be answered ONLY in event of plural births.  
 4. Twin, triplet or other \_\_\_\_\_  
 5. No. in order of birth \_\_\_\_\_  
 6. Yes Yes  
 7. Date of birth Mar 1 1924  
 Month day year

8. Full name of FATHER Justino Mendez  
 14. Full name of MOTHER Leonor Quintanilla

9. Residence (Usual place of abode) Claypool  
 15. Residence (Usual place of abode) Claypool  
 If nonresident, give place and state

16. Color or race Mex.  
 17. Age at last birthday 30 (Years)

12. Birthplace (city or place) Mexico  
 18. Birthplace (city or place) Mexico  
 (State or country)

13. Occupation Miner  
 19. Occupation Housewife  
 Nature of industry

20. Number of children of this mother (a) Born alive and now living 3  
 (b) Born alive but now dead 0  
 (c) Stillborn \_\_\_\_\_  
 21. Were precautions taken against tetanus neonatorum? Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive m. on the date above stated.  
 (Born alive or stillborn.)

Signature Nelson D. Brayton  
 (Physician or midwife)  
 Address \_\_\_\_\_  
 Filed Mar 31 1924  
 Local Registrar \_\_\_\_\_  
 Filed 4-5 1924  
 County Registrar \_\_\_\_\_

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.

549-301-229