

MARGIN RESERVED FOR BINDING  
 WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
 of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each  
 order of birth stated.

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Dila  
 District of \_\_\_\_\_  
 Town of miami  
 or \_\_\_\_\_  
 City of \_\_\_\_\_

BUREAU OF VITAL STATISTICS  
 ORIGINAL CERTIFICATE OF BIRTH

State Index No. 171  
 County Registrar No. \_\_\_\_\_  
 Local Registrar No. \_\_\_\_\_

No. M. + J. Hospital St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (If birth occurred in a hospital or institution, give its NAME instead of street and number)

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

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 1st }  
 6. Legitimate? yes }  
 7. Date of birth Mar. 20, 1926  
 Month Day Year

8. FATHER  
 Full name Aurelio Mendoza  
 9. Residence (Usual place of abode) Inspiration Ariz.  
 If non-resident, give place and state. \_\_\_\_\_  
 10. Color or race Mex.  
 11. Age at last birthday 29 (Years)  
 12. Birthplace (city or place) Chihuahua Mex.  
 (State or country) \_\_\_\_\_  
 13. Occupation  
 Nature of Industry Miner

14. MOTHER  
 Full maiden name Solided Delgado  
 15. Residence (Usual place of abode) Inspiration Ariz.  
 If non-resident, give place and state. \_\_\_\_\_  
 16. Color or race Mex.  
 17. Age at last birthday 25 (Years)  
 18. Birthplace (city or place) Guadalupe Mex.  
 (State or country) \_\_\_\_\_  
 19. Occupation  
 Nature of Industry Housewife

20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.)  
 (a) Born alive and now living 1  
 (b) Born alive but now dead \_\_\_\_\_  
 (c) Stillborn \_\_\_\_\_  
 21. Were precautions taken against ophthalmia neonatorum? Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born at 5:30 P. m. on the date above stated  
 (Born alive or stillborn.)  
 Signature Cyril M. Brown, M.D. (Physician or midwife)  
 Address Miami, Ariz.

\* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.  
 Given name added from a supplemental report \_\_\_\_\_  
 Month, day, year \_\_\_\_\_  
 Filed April 5, 1926 Helen W. Brayton  
 Local Registrar.  
 Registrar \_\_\_\_\_ Filed \_\_\_\_\_ 19\_\_\_\_ County Registrar.

541-320-246