

V

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Pima

District of _____

Town of Hayden Hayden

or _____

City of Winkelman

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 142

County Registrar No. _____

Local Registrar No. 19

No. _____ St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

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

3. Sex of Child Female To be answered ONLY in event of plural births. 4. Twin, triplet or other. _____ 6. Legitimate? Yes 7. Date of birth May 15, 1928
Month Day Year

8. FATHER Full name Alexandro S. Mendoza

9. Residence (Usual place of abode) Winkelman
If non-resident, give place and state. Arizona

10. Color or race Mexican 11. Age at last birthday 45 (Years)

12. Birthplace (city or place) Glendale
(State or country) Arizona

13. Occupation Road Worker
Nature of industry _____

14. MOTHER Full maiden name Rita de Mendoza

15. Residence (Usual place of abode) Winkelman
If non-resident, give place and state. _____

16. Color or race Mexican 17. Age at last birthday 40 (Years)

18. Birthplace (city or place) Glendale
(State or country) Arizona

19. Occupation Housewife
Nature of industry _____

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 5 (b) Born alive but now dead 2 (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 alive or stillborn.) at 11:00 A m. on the date above stated

* 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.

Signature Eufemia Romero (Physician or midwife)

Address Hayden, Arizona

Given name added from a supplemental report _____ Filed May 17, 1928 W.D. Dues Local Registrar.

Month, day, year _____ Registrar _____ Filed _____, 19 _____ County Registrar.

341-315-9111