

SEPARATE RETURN must be made for each, and the number of each in order of birth stated.

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 169A
Registered No. 64

1. PLACE OF BIRTH

County Gila State Arizona

District or Township _____ or Village _____

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

2. Full name of child Robert Frank 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 _____ 6. Legitimate? yes 7. Date of birth June 26, 1929
Month Day Year

8. FATHER
Full name Frank M. Mendoza

14. MOTHER
Full maiden name Margaret R. Vidal

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

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

10. Color or race Mexican
11. Age at last birthday 23 (Years)

16. Color or race Mexican
17. Age at last birthday 28 (Years)

12. Birthplace (city or place) Douglas, Arizona
(State or country)

18. Birthplace (city or place) Caborca, Sonora, Mexico
(State or country)

13. Occupation Produce Salesman
Nature of industry Truck

19. Occupation Housewife
Nature of industry _____

20. Number of children of this mother 1
(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 alive or stillborn) at 4:40 P. 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 Fitz R. Winslow M.D.
(Physician or midwife)

Given name added from a supplemental report _____ Month, day, year _____ Address Hayden, Arizona

Filed Aug 31, 1929 Registrar W. R. Neal
Registrar 941-626-453