

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

State File No. 187  
 Registered No. 344

PLACE OF BIRTH  
 City Gila State \_\_\_\_\_  
 Precinct or Township Miami or Village \_\_\_\_\_  
 No. 11 Depot Hill St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (If birth occurred in a hospital or institution, give its NAME instead of street and number)  
 Full name of child Rodolfo Arvizu (If child is not yet named, make supplemental report, as directed.)  
 Sex of Child male To be answered ONLY In event of plural births. } 1. Twin, triplet or other. X 6. Legitimate? yes  
 5. No., in order of birth. 1 7. Date of birth 7. 25 29  
 Month Day Year

FATHER		MOTHER	
Full name <u>Dionisio Arvizu</u>	14. Full maiden name <u>Ampara Mendoza</u>	15. Residence <u>Miami</u> (Usual place of abode)	16. Color or race <u>Mex</u>
Residence <u>Miami</u> (Usual place of abode)	15. Residence <u>Miami</u> (Usual place of abode)	If non-resident, give place and state. <u>Ariz</u>	17. Age at last birthday <u>17</u> (Years)
Color or race <u>Mex</u>	16. Color or race <u>Mex</u>	11. Age at last birthday <u>29</u> (Years)	18. Birthplace (city or place) <u>Mochizuma</u> (State or country) <u>Sonora, Mex.</u>
11. Age at last birthday <u>29</u> (Years)	17. Age at last birthday <u>17</u> (Years)	18. Birthplace (city or place) <u>Mochizuma</u> (State or country) <u>Sonora, Mex.</u>	19. Occupation <u>Housewife</u> Nature of industry _____
Birthplace (city or place) <u>Mochizuma</u> (State or country) <u>Sonora, Mex.</u>	19. Occupation <u>Housewife</u> Nature of industry _____	20. Number of children of this mother <u>1</u> Born as of time of birth of child herein (including this child.) (a) Born alive and now living <u>1</u> (b) Born alive but now dead <u>0</u> (c) Stillborn <u>0</u>	21. Were precautions taken against ophthalmia neonatorum? <u>yes</u>

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*  
 I hereby certify that I attended the birth of this child, who was Born alive at 3:45 P. m. on the date above stated.  
 (Born alive or stillborn.)

When there was no attending physician or midwife, then the father, householder, or other person should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.  
 Signature L.A. Lane  
 (Physician or midwife.)

Address Med. Hospital Miami Ariz  
 Filed July 30, 1929  
 Registrar L. E. Davis

914-725-111