

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

State File No. \_\_\_\_\_

Registered No. 914

**1. PLACE OF BIRTH**

County Gila State \_\_\_\_\_  
 District or Township \_\_\_\_\_ or Village \_\_\_\_\_  
 City Rayton No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Ramiro Mendoza Lopez  
{ 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 \_\_\_\_\_ 6. Accutimate? Yes  
 5. No., in order of birth \_\_\_\_\_ 7. Date of birth Dec 14 1929  
 Month Day Year

8. FATHER  
 Full name Ramiro Lopez  
 9. Residence (Usual place of abode) Rayton  
If non-resident, give place and state.

14. MOTHER  
 Full maiden name Ramiro Mendoza  
 15. Residence (Usual place of abode) Rayton  
If non-resident, give place and state.

10. Color or race Mexican  
 11. Age at last birthday 31 (Years)

16. Color or race Mexican  
 17. Age at last birthday 25 (Years)

12. Birthplace (city or place) Guadalupe  
(State or country) Guadalupe Mex

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

13. Occupation Machinist Helper  
 Nature of Industry \_\_\_\_\_

19. Occupation House wife  
 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 4  
 (b) Born alive but now dead 0  
 (c) Stillborn 0

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 \_\_\_\_\_ at 10:02 m. on the date above stated  
(Born alive or stillborn.)

\* 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 Charles Hueston  
(Physician or midwife)

Given name added from a supplemental report \_\_\_\_\_  
 Month, day, year \_\_\_\_\_

Address Rayton Ariz

Registrar \_\_\_\_\_

Filed Dec 18 1929 4072  
 Registrar

911-1014-1115