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

State File No. 233
Registered No. 233

1. PLACE OF BIRTH

County Yuma State Ariz
District or Township _____ or Village _____
City Globe No. _____ St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Ansensia 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 _____ 5. No., in order of birth _____ 6. Legitimate? Yes 7. Date of birth Dec. 18, 1929
Month Day Year

8. FATHER
Full name Carlos Mendoza
9. Residence Globe, Ariz
(Usual place of abode)
If non-resident, give place and state.
10. Color or race white
11. Age at last birthday 32 (Years)
12. Birthplace (city or place) Mexico
(State or country)
13. Occupation miner
Nature of industry

14. MOTHER
Full maiden name Jesus Arias
15. Residence Globe, Ariz
(Usual place of abode)
If non-resident, give place and state.
16. Color or race Mex.
17. Age at last birthday 32 (Years)
18. Birthplace (city or place) Nogales, Ariz
(State or country)
19. Occupation Housewife
Nature of industry

20. Number of children of this mother 3
(Taken as of time of birth of child herein certified and including this child.)
(a) Born alive and now living 7
(b) Born alive but now dead 1
(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 born alive at 2:00 P.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 T. C. Harper
physician
(Physician or Midwife).
Address Globe, Arizona
Filed 1/7 1930 H. E. Wightman
Registrar

141-1218-112

order of birth stated.