PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of _Gila_

District of _____

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. _181_

County Registrar No. ____

Town of _____

or

City of _Miami_ No. _79 Red Spring Canyon_ _____ Ward
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

Local Registrar No. _11_

2. Full name of child _Hector Maldonado_

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 _Jan-21-1927_
  Month   Day   Year

8. **FATHER**

Full name _Jesus Maldonado_

14. **MOTHER**

Full maiden name _Conception Armendariz_

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

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

10. Color or race _Mexican_

11. Age at last birthday _39_ (Years)

16. Color or race _Mexican_

17. Age at last birthday _29_ (Years)

12. Birthplace (city or place) _Mexico_
(State or country)

18. Birthplace (city or place) _Mexico_
(State or country)

13. Occupation
Nature of industry _Miner_

19. Occupation
Nature of industry _Housewife_

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 _4_

(c) Stillborn _none_

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 _8 a_. m. on the date above stated
(Born alive ~~still born~~.)

* 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 _____

C. S. Sotel m.d.
(Physician or midwife).

Address _____ _Miami Ariz_

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

Filed _Feb 3_, 19_27_

C. S. Sotel

Local Registrar.

_____
Registrar

Filed _____, 19____

_____
County Registrar.

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