

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Gila

District of _____

Town of _____

or Globe

City of _____

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 148

County Registrar No. _____

Local Registrar No. 97

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

2. Full name of child Catherine McDonald { 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 April 11, 1927
Month Day Year

8. FATHER Full name Henry A. McDonald

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

10. Color or race White 11. Age at last birthday 40 (Years)

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

13. Occupation Mechanic
Nature of industry

14. MOTHER Full maiden name Lucia Villalobos

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

16. Color or race Mexican 17. Age at last birthday 35 (Years)

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

19. Occupation W. W.
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 3 (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 born alive at 3:40 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 Lehard E. Dine M.D. (Physician or midwife)

Address Miami Arizona

Given name added from a supplemental report _____ Filed 4-30-27 _____ Local Registrar.

Registrar _____ Filed _____ 19 _____ County Registrar.

344-411-352