

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS STANDARD CERTIFICATE OF BIRTH

State File No. 200a
Registered No. 195

1. PLACE OF BIRTH

County Gila State Arizona
District or Township _____ or Village Gen. Del.
City Miami No. Claypool, Ariz. St. _____ Ward _____

2. Full name of child Marciana Maldonado } (If birth occurred in a hospital or institution, give its NAME instead of street and number)
 } 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 Feb. 26-1930
Month Day Year

FATHER
8. Full name Catarino Maldonado
9. Residence Miami, Arizona
(Usual place of abode)
If non-resident, give place and state.
10. Color or race Mex.
11. Age at last birthday 26 (Years)
12. Birthplace (city or place) Socorro, Texas
(State or country)
13. Occupation _____
Nature of Industry Miner

MOTHER
14. Full maiden name Sofia Seal
15. Residence Miami, Arizona
(Usual place of abode)
If non-resident, give place and state.
16. Color or race Mex.
17. Age at last birthday 20 (Years)
18. Birthplace (city or place) Chihuahua, Mex.
(State or country)
19. Occupation _____
Nature of Industry Housewife

20. Number of children of this mother 2 } (a) Born alive and now living 2
(Taken as of time of birth of child herein } (b) Born alive but now dead 0
certified and including this child.) } (c) Stillborn 0
21. Were precautions taken against ophthalmia neonatorum? _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE
I hereby certify that I attended the birth of this child, who was born alive at 12³⁰ 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 Cyril M. Brown, M.D.
(Physician or midwife.)

Given name added from a supplement report _____
Address Miami, Arizona
Month, day, year _____
Filed May 17 1930 Registrar Ho. E. Brown

444-336-233