

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

State File No. 149
 Registered No. 135

1. PLACE OF BIRTH

County Gila State ARIZONA
 District or Township _____ or Village _____
 City MIAMI No. 711 Pine Oak Bl. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Maria Selvina Maldonado 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. _____ 6. Legitimate? yes
 5. No. in order of birth. _____ 7. Date of birth April 28 1935
 Month Day Year

8. **FATHER**
 Full name Angel Maldonado

14. **MOTHER**
 Full maiden name Frances Porto

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

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

10. Color or race Mexican 11. Age at last birthday 23 (Years)

16. Color or race Mexican 17. Age at last birthday 21 (Years)

12. Birthplace (city or place) _____
 (State or country) Mexico

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

13. Occupation miner
 Nature of industry Copper

19. Occupation Housewife
 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 1
 (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 alive at 5:20 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 J. F. Miller
 P. F. MILLER M. D.
 (Physician or midwife)

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

Address MIAMI, ARIZONA

Registrar _____

Filed May 4 31 1935
 Registrar _____

446-428-676

N. B.—In case of more than one child at a birth, a SEPARATE REPORT MUST BE MADE FOR EACH CHILD.