

This certificate must be filed by the attending physician the number of each, in order of birth, stated. This certificate must be filed by the attending physician or midwife with each local Registrar within 5 days after birth.

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

State Index No. 186
Co. Registrar's No. 497
Local Registrar's No. _____

PLACE OF BIRTH
County of DeLa
District of _____
Town of Miami
or _____
City of _____ (No. _____ St. _____ Ward)

ORIGINAL CERTIFICATE OF BIRTH

FULL NAME OF CHILD Bernardo Malindery Born YES
If child is not named, make Supplemental Report on blank obtainable from local registrar. Alive NO

Sex of Child M Twin, Triplet or other 1 and Number in order of birth 3 Legitimate? Date of Birth August 20 19120
Month Day Yr.

FATHER
Full Name Juan Malindery
Residence Miami
Color or Race Mex Age at last Birthday 32 Years
Birthplace Mexico
Occupation Labourer

MOTHER
Full Maiden Name Louisa Gonzalez
Residence Miami
Color or Race Mex Age at last Birthday 28 Years
Birthplace Mexico
Occupation H.

Number of child of this Mother 3 Number of Children, of this mother, now living 3 Were precautions taken against Ophthalmia neonatorum?

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of the above child; and that it occurred on Aug 20 19120 at 3:40 P.M.

*When there is no attending physician or midwife, then the householder should make this return.

Signature Charles E. Dinn M.D.
Attending physician, midwife, householder.*

Given or Christian name added from a supplemental report _____ 191____
249-820-379
COUNTY REGISTRAR.

Address Miami City
Filed 8/27 1920 T. H. Slaughter LOCAL REGISTRAR.
A True Copy
Filed 9/8 1920 R. G. Sial COUNTY REGISTRAR.