

2 180

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

ARIZONA STATE BOARD OF HEALTH
 BUREAU OF VITAL STATISTICS

State Index No. 435

ORIGINAL CERTIFICATE OF BIRTH

Co. Registrar's No. 609

Local Registrar's No. _____

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

Sex of Child Male } and } Number in order of birth 1 } Legitimate? yes } Date of Birth Oct 12 1920
 Twin, Triplet or other _____ } _____ } _____ } _____ } Month Day Yr.

FATHER
 Full Name Severiano Maldonado
 Residence Miami, Arizona
 Color or Race Mex Age at last Birthday 21 Years
 Birthplace Fresno, New Mexico
 Occupation miner

MOTHER
 Full Maiden Name Margarita Laguna
 Residence Miami, Arizona
 Color or Race Mex Age at last Birthday 17 Years
 Birthplace Santa Rita, New Mex
 Occupation Housewife

Number of child of this Mother 1 Number of Children, of this mother, now living 1 Were precautions taken against Ophthalmia neonatorum? Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of the above child; and that it occurred on Oct 12, 1920 at 2 AM.

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

Signature Cyril M. Crow M.D.
 Attending physician, midwife, householder, etc.

Given or Christian name added from a supplemental report _____ 191__

Address Miami, Arizona

Filed 10/30/1920

Filed 11-5-1920

T. A. Slacchia
 LOCAL REGISTRAR

646-1012-431
 COUNTY REGISTRAR.

A True Copy

B. G. ...
 COUNTY REGISTRAR