

**ARIZONA STATE BOARD OF HEALTH**  
BUREAU OF VITAL STATISTICS  
ORIGINAL CERTIFICATE OF BIRTH

PLACE OF BIRTH  
County of Gila State Index No. 96  
District of \_\_\_\_\_ Co. Registrar No. 464  
Town of Miami or \_\_\_\_\_ Local Registrar's No. \_\_\_\_\_  
City of \_\_\_\_\_ (No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)

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

Sex of Child <u>Male</u>	Twin, Triplet or other <u>1</u>	and	Number in order of birth <u>1</u>	Legitimate? <u>Yes</u>	Date of Birth <u>Sept 6 1921</u> (Month) (Day) (Yr.)
FATHER			MOTHER		
Full Name <u>Gregorio Maldonado</u>			Full Maiden Name <u>Juana Corrales</u>		
Residence <u>Miami Ariz</u>			Residence <u>Miami Ariz</u>		
Color or Race <u>Mex</u> Age at last Birthday <u>21</u> (Years)			Color or Race <u>Mexican</u> Age at last Birthday <u>19</u> (Years)		
Birthplace <u>New Mexico</u>			Birthplace <u>New Mexico</u>		
Occupation <u>Laborer</u>			Occupation <u>House wife</u>		
Number of Child of this mother <u>1</u>	Number of children of this mother now living <u>1</u>	Were precautions taken against Ophthalmia neonatorum? <u>yes</u>			

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

I hereby certify that I attended the birth of the above child, and that it occurred on Sept 6 1921 at 11:20 A.M.

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

(Signature) B. W. Hardy M.D.  
(Attending physician, midwife, householder.)

Given or Christian name added from a \_\_\_\_\_ Address Miami Ariz

Supplemental report \_\_\_\_\_ 1921 Filed Sept 9 1921 B. W. Hardy M.D.  
LOCAL REGISTRAR.

946-906-137 Filed Oct 8 1921 A True Copy B. G. Lee  
COUNTY REGISTRAR. COUNTY REGISTRAR.