

1122

... In case of more than one child at birth, a SEPARATE RETURN must be made for each, and 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.

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

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 116

Co. Registrar's No. 481

Local Registrar's No. _____

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

Sex of Child Male } Twin, Triplet or other } and } Number in order of birth 4 } Legitimate? yes } Date of Birth Sept. 18 - 1921
 Month Day Yr.

FATHER
 Full Name Juan Maldonado
 Residence Miami, Arizona
 Color or Race Mex. Age at last Birthday 35 Years
 Birthplace Juarez, Mex.
 Occupation Miner

MOTHER
 Full Maiden Name Concepcion Armentarez
 Residence Miami, Arizona
 Color or Race Mex. Age at last Birthday 25 Years
 Birthplace Mexico City - Mex.
 Occupation Housewife

Number of child of this Mother 4 | Number of Children, of this mother, now living 4 | 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 Sept. 18, 1921, at 5³⁰ P.M.

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

Signature D. M. Crow M.D.
 Attending physician, midwife, householder.*

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

Address Miami, Arizona
 Filed Sept 30 1921 B. G. Dav
 LOCAL REGISTRAR.

146-918-319
 COUNTY REGISTRAR.

Filed Oct 5 1921 A True Copy B. G. Dav
 COUNTY REGISTRAR.