

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
 N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

PLACE OF BIRTH		ARIZONA STATE BOARD OF HEALTH	
1. County of <u>DeLa</u>		BUREAU OF VITAL STATISTICS	
District of _____		ORIGINAL CERTIFICATE OF BIRTH	
Town of <u>Miami</u>		State Index No. <u>186</u>	County Registrar No. <u>256</u>
or _____		Local Registrar No. _____	
City of _____		St. _____	Ward _____
2. Full name of child <u>Conrado Maldonado</u> (If birth occurred in a hospital or institution, give its NAME instead of street and number)			
3. Sex of Child <u>Male</u> To be answered ONLY in event of plural births. 4. Twin, triplet or other _____ 5. No., in order of birth <u>5</u> 6. Legitimate? <u>yes</u> 7. Date of birth <u>Feb. 30, 1924</u> (If child is not yet named, make supplemental report, as directed.)			
8. FATHER		14. MOTHER	
Full name <u>Juan Maldonado</u>		Full maiden name <u>Concepcion Almeyda</u>	
9. Residence (Usual place of abode) <u>Miami Ariz.</u>		15. Residence (Usual place of abode) <u>Miami Ariz.</u>	
If nonresident, give place and state _____		If nonresident, give place and state _____	
18. Color or race <u>Mex</u>		16. Color or race <u>Mex</u>	
11. Age at last birthday <u>37</u> (Years)		17. Age at last birthday <u>27</u> (Years)	
12. Birthplace (city or place) (State or country) <u>Juarez Mex</u>		18. Birthplace (city or place) (State or country) <u>Chihuahua Mex</u>	
13. Occupation Nature of industry <u>Miner</u>		19. Occupation Nature of industry <u>Housewife</u>	
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 <u>5</u> (b) Born alive but now dead _____ (c) Stillborn _____		21. Were precautions taken against ophthalmia neonatorum? <u>yes</u>	
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE			
I hereby certify that I attended the birth of this child, who was <u>born</u> at <u>6:30</u> A.M. on the date above stated.			
*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 <u>Byrd M. Brown M.D.</u> (Physician or midwife)	
Given name added from a supplemental report _____		Address <u>Miami, Arizona</u>	
Month, day, year. _____		Filed <u>Feb 21, 1924</u> <u>C. E. Davis</u> Local Registrar.	
Registrar. _____		Filed <u>4-3, 1924</u> <u>B. J. Gray</u> County Registrar.	

346-330-319