

WRITE PLAINLY WITH LEADING 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>Dila</u>		BUREAU OF VITAL STATISTICS	
District of _____		ORIGINAL CERTIFICATE OF BIRTH	
Town of <u>Miami</u>		State Index No. <u>197</u>	County Registrar No. <u>949</u>
or _____		Local Registrar No. _____	
City of _____		No. _____ St. _____ Ward _____	
(If birth occurred in a hospital or institution, give its NAME instead of street and number)			
2. Full name of child <u>Guadalupe Maldonado</u>		If child is not yet named, make supplemental report, as directed.	
3. Sex of Child	To be answered ONLY in event of plural births.	4. Twin, triplet or other	5. Legitimate?
<u>Female</u>		<u>16</u>	<u>yes</u>
6. FATHER		7. Date of birth <u>Nov-27-1924</u>	
Full name <u>Juan Maldonado</u>		Month <u>Nov</u> day <u>27</u> year <u>1924</u>	
9. Residence (Usual place of abode) <u>Miami Ariz.</u>		14. MOTHER	
If nonresident, give place and state		Full maiden name <u>Cotilda Martinez</u>	
10. Color or race <u>Mex.</u>		15. Residence (Usual place of abode) <u>Miami Ariz.</u>	
11. Age at last birthday <u>38</u> (Years)		If nonresident, give place and state	
12. Birthplace (city or place) <u>Juanaguato Mexico</u>		16. Color or race <u>Mex</u>	
(State or country)		17. Age at last birthday <u>42</u> (Years)	
13. Occupation		18. Birthplace (city or place) <u>Mexico City Mex</u>	
Nature of industry <u>miner</u>		(State or country)	
20. Number of children of this mother		19. Occupation	
(Taken as of time of birth of child herein certified and including this child.)		Nature of industry <u>Housewife</u>	
(a) Born alive and now living <u>3</u>		21. Were precautions taken against ophthalmia neonatorum? <u>yes</u>	
(b) Born alive but now dead <u>10</u>			
(c) Stillborn _____			
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*			
I hereby certify that I attended the birth of this child, who was <u>born</u> at <u>8 P.</u> on the date above stated.			
(Born alive or stillborn)			
*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 evidences of life after birth.		Signature <u>Cyril M. Crow M.D.</u>	
Given name added from a supplemental report _____		Address <u>Miami, Arizona</u>	
Month, day, year. _____		(Physician or midwife)	
Registrar. _____		Filed <u>Dec 31</u> , 19 <u>24</u> <u>Crow</u>	
		Local Registrar. _____	
		Filed <u>1-5</u> , 19 <u>25</u> <u>Stal</u>	
		County Registrar. _____	

746-1127-349