

WRITE PLAIN. WITH UNFADING INK—THIS IS A PERMANENT RECORD.—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 Gila

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 163

District of _____

Town of Miami

County Registrar No. _____

or

Local Registrar No. 56

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 Roberto Maldonado (If child is not yet named, make supplemental report, as directed.)

3. Sex of Child Male To be answered ONLY in event of plural births. 4. Twin, triplet or other _____ 5. No., in order of birth 6 6. Legitimate? yes 7. Date of birth May 4 - 1925
Month Day Year

8. FATHER Full name Juan Maldonado

14. MOTHER Full maiden name Coucha Armendariz

9. Residence (Usual place of abode) Miami Ariz.
If non-resident, give place and state.

15. Residence (Usual place of abode) Miami Ariz.
If non-resident, give place and state.

10. Color or race Mex. 11. Age at last birthday 39 (Years)

16. Color or race Mex. 17. Age at last birthday 28 (Years)

12. Birthplace (city or place) Juarez Mex.
(State or country)

18. Birthplace (city or place) Chihuahua Mex.
(State or country)

13. Occupation Nature of industry Miner

19. Occupation Nature of industry Housewife

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 3 (b) Born alive but now dead 3 (c) Stillborn _____

21. Were precautions taken against ophthalmia neonatorum? _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born at 12¹⁵ P. m. 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 evidence of life after birth. Signature Byril M. Brown M.D. (Physician or midwife). Address Miami, Ariz.

Given name added from a supplemental report May 16, 1925 Filed P. E. Irwin Local Registrar.
Month, day, year

Registrar

Filed _____, 19____

County Registrar.

946-504-319