

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 86193^v
 Registered No. _____

1. PLACE OF BIRTH

County Gila State Arizona
 District or Township _____ or Village _____
 City Miami No. 69 Red Springs Canon Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Rafaela Maldonado { If child is not yet named, make supplemental report, as directed.

3. Sex of Child Female To be answered ONLY in event of plural births. } 4. Twin, triplet or other _____ 6. Legitimate? yes
 5. No., in order of birth _____ 7. Date of birth Feb. 25 - 1928
Month Day Year

8. FATHER
 Full name Catarino Maldonado
 9. Residence (Usual place of abode) Miami, Arizona
 If non-resident, give place and state. Arizona
 10. Color or race Mex.
 11. Age at last birthday 22 (Years)
 12. Birthplace (city or place) Socorro
 (State or country) Texas
 13. Occupation
 Nature of industry miner

14. MOTHER
 Full maiden name Sofia Seal
 15. Residence (Usual place of abode) Miami, Arizona
 If non-resident, give place and state. Arizona
 16. Color or race Mex.
 17. Age at last birthday 18 (Years)
 18. Birthplace (city or place) Chihuahua, Mex.
 (State or country)
 19. Occupation
 Nature of industry Housewife

20. Number of children of this mother _____ } (a) Born alive and now living 1
 (Taken as of time of birth of child herein certified and including this child.) } (b) Born alive but now dead _____
 (c) Stillborn _____ 21. Were precautions taken against ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 3:30 a.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 Cyril M. Brown M.D.
Physician
(Physician or midwife)
 Address Miami, Arizona
 Filed Feb 29, 28 Co. E. Finn
 Registrar

Given name added from a supplemental report _____
 Month, day, year _____
 Registrar

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made in order of birth stated.

946-225-233