

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

State File No. 105
 Registered No. 528

1. PLACE OF BIRTH

County Gila State Arizona
 District or Township _____ or Village _____
 City Miami No. 402 Miami Ave. St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Francisca 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 } 7. Date of birth Dec. 3-1928
 5. No., in order of birth _____ } Month Day Year

8. FATHER
 Full name Juan Maldonado

14. MOTHER
 Full maiden name Gregoria Chiquete

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

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 If non-resident, give place and state.

10. Color or race Mex. 11. Age at last birthday 26 (Years)

16. Color or race Mex 17. Age at last birthday 19 (Years)

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

18. Birthplace (city or place) San Luis Potosi Mex
(State or country)

13. Occupation
 Nature of industry Miner

19. Occupation
 Nature of industry Housewife

20. Number of children of this mother 1
(Taken as of time of birth of child herein certified and including this child). } (a) Born alive and now living 1
 } (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 9 P. m. on the date above stated.
(Born alive or stillborn)

Signature Cyril M. Cron M.D.
Physician
(Physician or midwife).

Given name added from _____ Address Miami, Arizona
a supplemental report. Month, day, year

Registrar. _____ Filed Jan 2 20 19 20 R. E. Dinn Registrar.

646-1203-1735