

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.

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

State File No. 50115
Registered No. _____

1. PLACE OF BIRTH

County Pima State _____
District or Township _____ or Village _____
City Pugmire No. _____ St. _____ Ward _____

2. Full name of child

Rafael Deanda (If birth occurred in a hospital or institution, give its NAME instead of street and number)
If child is not yet named, make supplemental report, as directed.

3. Sex of Child

To be answered ONLY in event of dual births.

4. Twin, triplet or other

8. Legitimate?

Male Yes
7. Date of birth Feb 5 1929
Month Day Year

5. No., in order of birth

6. FATHER
Full name Rafael Deanda

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

10. Color or race Mex **11. Age at last birthday** 45 (Years)

12. Birthplace (city or place) Palms Mexico
(State or country)

13. Occupation Merchant
Nature of Industry

14. MOTHER
Full maiden name Isabelle Mangum

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

16. Color or race Mexican **17. Age at last birthday** 49 (Years)

18. Birthplace (city or place) Palms Mexico
(State or country)

19. Occupation Housewife
Nature of Industry

20. Number of children of this mother 13
(Taken as of time of birth of child herein certified and including this child.)

(a) Born alive and now living _____
(b) Born alive but now dead _____
(c) Stillborn _____

21. Were precautions taken against ophthalmia neonatorum? Not

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____ (Born alive or stillborn) at 4:15 p.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 [Signature]
(Physician or midwife).

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

Address _____
Filed Feb 11, 1929 [Signature]
Registrar

941-205-949