State File No. *182*

Registered No. *254*

N. B.—Image 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. WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

1. PLACE OF BIRTH

County *Gila* State *Arizona*

District or Township _____ or Village _____

City *Miami* No. *3334 Turkey Shoot* St., _____ Ward
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child *Donato Magaña* { 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 _____ | 6. Legitimate? *Yes* | 7. Date of birth *May 21–1929* |
| | | 5. No., in order of birth _____ | | Month Day Year |

8. FATHER

Full name *Ramon Magaña*

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

10. Color or race *Mex.*

11. Age at last birthday *28* (Years)

12. Birthplace (city or place) *Jalisco*
(State or country) *Mex.*

13. Occupation
Nature of industry *Miner*

14. MOTHER

Full maiden name *Josephina Marquez*

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

16. Color or race *Mex.*

17. Age at last birthday *24* (Years)

18. Birthplace (city or place) *Jalisco Mex.*
(State or country)

19. Occupation
Nature of industry *Housewife*

20. Number of children of this mother *4*
(Taken as of time of birth of child herein certified and including this child.)

(a) Born alive and now living *4*
(b) Born alive but now dead *0*
(c) Stillborn *0*

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 *11:45* *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 *Cyril M. Crow M.D.*
Physician
(Physician or midwife).

Address *Miami, Arizona.*

Filed *June 12* 19 *29* *C. E. ___* Registrar

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

Registrar

441-521-149