

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

State File No. 148  
 Registered No. 60

PLACE OF BIRTH

County Gila State \_\_\_\_\_

District or Township \_\_\_\_\_ or Village \_\_\_\_\_

City Hayden No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

Full name of child Jose Valentin (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.)

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 Aug 13 1927  
 Month Day Year

FATHER  
 Full name Jose Valentin  
 Residence (Usual place of abode) Hayden  
 If non-resident, give place and state.

MOTHER  
 Full maiden name Teodora Santa Cruz  
 15 Residence (Usual place of abode) Hayden Gila  
 If non-resident, give place and state.

Color or race Mex 11. Age at last birthday 35 (Years)

Color or race Mex 17. Age at last birthday 23 (Years)

Birthplace (city or place) San Francisco  
 (State or country) Michoacan Mex

Birthplace (city or place) San Juan de los Rios  
 (State or country) Jalisco Mex

Occupation Labour  
 Nature of industry \_\_\_\_\_

Occupation House Wife  
 Nature of industry \_\_\_\_\_

Number of children of this mother \_\_\_\_\_ (a) Born alive and now living 2  
 taken as of time of birth of child herein (b) Born alive but now dead 0  
 certified and including this child. (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 \_\_\_\_\_ at 10 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 Teodora Santa Cruz  
Hayden Gila  
 (Physician or Midwife)

Given name added from supplemental report \_\_\_\_\_ Address \_\_\_\_\_  
 Month, day, year \_\_\_\_\_  
 Registrar \_\_\_\_\_ Filed Aug 13 1927 Registrar \_\_\_\_\_

156-813-329