

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 129
Registered No. _____

1. PLACE OF BIRTH

County Gila State _____
Township _____ or Village _____
City Winkelman St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

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

3. Sex <u>Male</u>	4. Twin, triplet, or other. _____	5. Number, in order of birth. _____	6. Premature _____	7. Legitimacy <u>Yes</u> <small>male</small> <u>Yes</u>	8. Date of birth <u>Jan 5, 1931</u> <small>(Month, day, year)</small>
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9. Full name of FATHER <u>Jon Valdez</u>	10. Full name of MOTHER <u>Merita Pariso</u>
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11. Residence (usual place of abode) <u>Winkelman</u> <small>(If nonresident, give place and State)</small>	12. Residence (usual place of abode) <u>Calif</u> <small>(If nonresident, give place and State)</small>
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13. Color of hair <u>Blk</u>	14. Age at last birthday <u>31</u> (Years)	15. Color of race <u>Mex</u>	16. Age at last birthday <u>26</u> (Years)
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17. Birthplace (city or place) <u>ucson</u> <small>(State or country)</small> <u>Ariz</u>	18. Birthplace (city or place) <u>Los Angeles</u> <small>(State or country)</small> <u>Calif</u>
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19. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Labour</u>	20. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u>
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21. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>Coffinmaker</u>	22. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>own home</u>
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23. Date (month and year) last engaged in this work <u>Jan 5, 1931</u>	24. Date (month and year) last engaged in this work <u>Jan 5, 1931</u>
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25. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 5 (b) Born alive but now dead 0 (c) Stillborn 0

28. If stillborn, period of gestation _____ months or weeks. 29. Cause of stillbirth _____
Before labor _____
During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at _____ 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.

(Signed) Charles B. Husted Midwife

Given name added from a supplemental report _____

Address _____
Filed Feb 6, 1931 Registrar P. J. H. H.

(Date of)
359-105-476
Registrar.

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.