

# ARIZONA STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS STANDARD CERTIFICATE OF BIRTH

State File No. 141  
Registered No. 291

**1. PLACE OF BIRTH**

County Gila State Arizona  
District or Township \_\_\_\_\_ or Village \_\_\_\_\_  
City Miami No. 20 Hill St. St. \_\_\_\_\_ Ward \_\_\_\_\_  
(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.

2. Full name of child Lucille Valdevia

3. Sex of Child Female To be answered ONLY In event of plural births. } 4. Twin, triplet or other... } yes 6. Legitimate? yes 7. Date of birth Sept. 17-1931  
Month Day Year

**8. FATHER**  
Full name Scrapio Valdevia  
9. Residence (Usual place of abode) Miami, Arizona  
If non-resident, give place and state. Arizona  
10. Color or race Mex.  
11. Age at last birthday 40 (Years)

**14. MOTHER**  
Full maiden name Virginia Franco  
16. Residence (Usual place of abode) Miami, Arizona  
If non-resident, give place and state. Arizona  
16. Color or race Mex.  
17. Age at last birthday 33 (Years)

12. Birthplace (city or place) Jalisco, Mex.  
(State or country)  
13. Occupation Laborer  
Nature of Industry Laborer

18. Birthplace (city or place) Jalisco, Mex.  
(State or country)  
19. Occupation Housewife  
Nature of Industry Housewife

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

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

Given name added from 351-917-566 Address Miami, Arizona  
Month, day, year

Registrar. Filed Oct 2, 31 C. E. Dorn Registrar.

NOTE: 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.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD