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ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No.
Registered No.
Arizona

1. PLACE OF BIRTH
County: Greg
Township: Mufinsh
City: Patricia
State: Ariz
Village: 202 Van Winkle Ave
St. Ward
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child: Patricia Valentine
If child is not yet named, make supplemental report, as directed

Sex: Female | If plural births: 4. Twin, triplet, or other 5. Number in order of birth | 6. Premature Full term | 7. Legitimate? Yes | 8. Date of birth: Sept 6 (Month, day, year) 1933

FATHER		MOTHER	
9. Full name	Joseph E Valentine	18. Full maiden name	Mary Geban
10. Residence (usual place of abode) (If non-resident, give place and State)	Mexican	19. Residence (usual place of abode) (If non-resident, give place and State)	Mexican
11. Color or race	White	20. Color or race	White
12. Age at last birthday	40 (Years)	21. Age at last birthday	36 (Years)
13. Birthplace (city or place) (State or country)	Texas	22. Birthplace (city or place) (State or country)	Colorado
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	Unemployed	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.	Miner
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.	
16. Date (month and year) last engaged in this work, 19		25. Date (month and year) last engaged in this work, 19	
17. Total time (years) spent in this work		26. Total time (years) spent in this work	

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 6 (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 (Born alive or stillborn) at 5:30 p.m. on the date above stated

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Morgan D. Frazier M. D.
Midwife

Given name added from a supplemental report (Date of)
Registrar.

Address: Box 1 33 Morenci
Filed: 4-1
Registrar.

IM 2-17-32 MS-4048

255-901 1/2 4175

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 should be stated.