

MUST BE MADE FOR EACH CHILD. THIS CERTIFICATE MUST BE FILED BY THE ATTENDING PHYSICIAN OR MIDWIFE WITH EACH LOCAL REGISTRAR WITHIN 5 DAYS AFTER BIRTH.

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

County of Gila
District of
Town of Miami
or
City of (No. St; Ward)

BUREAU OF VITAL STATISTICS State Index No. 89
ORIGINAL CERTIFICATE OF BIRTH Co. Register No. 187
Local Registrar's No.

FULL NAME OF CHILD Benito Valenzuela } Born } YES
If child is not named, make Supplemental Report on blank obtainable from local registrar. } Alive } ~~NO~~

Sex of Child boy } Twin, Triplet or other } and } Number in order of birth 2 Legitimate? yes Date of Birth April 2, 1915.
(Month) (Day) (Yr.)

FATHER
Full Name Lena Valenzuela
Residence Miami - Arizona
Color or Race Mex Age at last Birthday 25 (Years)
Birthplace San Miguel, Jalisco
Occupation Laborer

MOTHER
Full Maiden Name Fortina Davalos
Residence Miami, Ariz.
Color or Race Mex. Age at last Birthday 23 (Years)
Birthplace San Miguel, Jalisco
Occupation Housewife

Number of child of this mother... 2 | Number of children, of this mother, now living... 2 | Were precautions taken against Ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of above child; and that it occurred on April 2, 1915, at 10³⁰ P.M.
{ *When there is no attending physician or midwife, then the householder should make this return.

(Signature) C. M. Cronin
(Attending physician, midwife, householder.)*

Given or christian name added from a supplemental report 191

Address John H. Loay

Filed Apr 25 1915

LOCAL REGISTRAR.

251-402-642
COUNTY REGISTRAR.

Filed Aug 7 1915

A True Copy

B. G. Fox
COUNTY REGISTRAR.