

4578

N. B.—In case of more than one child at birth, if SELF ATTENDING PHYSICIAN, the number of each, in order of birth, stated. This certificate must be filed by the attending Physician or midwife with each local Registrar within 5 days after birth.

PLACE OF BIRTH
 County of Gila
 District of Wilkesbarre
 Town of Wilkesbarre
 or
 City of _____ (No. _____ St. _____ Ward)

ARIZONA STATE BOARD OF HEALTH
 BUREAU OF VITAL STATISTICS

State Index No. 162
 Co. Registrar's No. 508
 Local Registrar's No. 1

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

Sex of Child Female Twin, Triplet or other and Number in order of birth _____ Legitimate? Date of Birth Sept 24 1919
 Month Day Yr.

FATHER
 Full Name Ignacio Valenzuela
 Residence Wilkesbarre
 Color or Race Mexican Age at last Birthday 39 Years
 Birthplace Mexico
 Occupation Laborer at Smelter

MOTHER
 Full Maiden Name Clara Roque
 Residence Wilkesbarre
 Color or Race Mexican Age at last Birthday 38 Years
 Birthplace Arizona
 Occupation House wife

Number of child of this Mother 4 Number of Children, of this mother, now living 0 Were precautions taken against Ophthalmia neonatorum? Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of the above child; and that it occurred on Sept 24 1919, at 9:30 M.
 *When there is no attending physician or midwife, then the householder should make this return.
 Signature L. M. Tompkins
 Attending physician, midwife, householder.

Given or Christian name added from a supplemental report _____ 191____
 451-924-525
 COUNTY REGISTRAR.
 Filed Sept 30 1919
 Filed Oct 6 1919 A True Copy
 Address Wilkesbarre
 LOCAL REGISTRAR
 COUNTY REGISTRAR