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ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 188

Co. Registrar's No. 308

Local Registrar's No. .....

PLACE OF BIRTH

County of Gila

District of .....

Town of Miami

or

City of ..... (No. ..... St; ..... Ward)

FULL NAME OF CHILD Aurora Valde Pena

If child is not named, make Supplemental Report on blank obtainable from local registrar.

Born Alive: YES ~~NO~~

Sex of Child Female | ~~Twin, Triplet~~ or other | and | Number in order of birth 6 | Legitimate? yes | Date of Birth May 31 1920 (Month Day Yr.)

FATHER		MOTHER	
Full Name	Francisco Val de Pena	Full Maiden Name	Juachina Yalardo
Residence	Miami, Arizona	Residence	Miami, Arizona
Color or Race	Mex	Color or Race	Mex
Age at last Birthday	29 Years	Age at last Birthday	28 Years
Birthplace	San Juan We Los Ludos, Mex	Birthplace	San Juan We Los Ludos, Mex
Occupation	Machine man	Occupation	Housewife

Number of child of this Mother 6 | Number of Children, of this mother, now living 5 | 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 May 31, 1920, at 8 P.M.

*When there is no attending physician or midwife, then the householder should make this return.

Signature Cyril M. Cron M.D.

Attending physician, ~~midwife, householder~~*

Address Miami, Arizona

Given or Christian name added from a supplemental report ..... 191..

Filed 5/31/1920

T H Slaughter

LOCAL REGISTRAR.

171-531-196

COUNTY REGISTRAR.

Filed 6-7 1921

A True Copy

B. G. Sa

COUNTY REGISTRAR.