2211

# ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

## ORIGINAL CERTIFICATE OF BIRTH

State Index No. 208

Co. Registrar's No. 624

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 Natalia Valdez

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 2

Legitimate? yes

Date of Birth: Oct. 22 1920. (Month Day Yr.)

| FATHER | | MOTHER | |
|---|---|---|---|
| Full Name | Aurelio Valdez | Full Maiden Name | Ciasaria Carbajal |
| Residence | Miami, Arizona | Residence | Miami, Arizona |
| Color or Race | Spanish | Color or Race | Spanish |
| Age at last Birthday | 28 Years | Age at last Birthday | 25 Years |
| Birthplace | Zacatecas, Mexico | Birthplace | Chihuahua, Mex |
| Occupation | Blacksmith | Occupation | Housewife |

Number of child of this Mother 2 | Number of Children, of this mother, now living 1 | 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 Oct. 22, 1920 at 3:30 A.M.

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

Signature April M. Crow M.D.

Attending physician, ~~midwife, householder.~~*

Address Miami, Arizona

Given or Christian name added from a supplemental report _____ 191__ Filed 10/30/1920

T. H. Slaughter

LOCAL REGISTRAR.

559-1022-333 Filed 11-5 1920 A True Copy

COUNTY REGISTRAR.

B. G. Dix

COUNTY REGISTRAR.

This certificate must be filed by the attending Physician or midwife with each local Registrar within 5 days after birth.

The number of each, in order of birth, stated.

Received Arizona State Board of Health OCT 26 1936