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N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and 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

Town of Miami

or

City of

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 57

Co. Registrar's No. 289

Local Registrar's No.

(No. St; Ward)

FULL NAME OF CHILD Celia 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 5 | Legitimate? yes | Date of Birth July (Month) 3 (Day) 1922 (Yr.)

FATHER		MOTHER	
Full Name	Aurelio Valdez	Full Maiden Name	Ceasaria Carbajal
Residence	Miami, Arizona	Residence	Miami, Ariz.
Color or Race	Mex.	Color or Race	Mex
Age at last Birthday	30 Years	Age at last Birthday	26 Years
Birthplace	Zacatecas, Mex	Birthplace	Chihuahua, Mex.
Occupation	Miner	Occupation	Housewife

Number of child of this Mother 5 | 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 the above child; and that it occurred on July 3, 1922, at 8 30 P. M.

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

Signature C. M. Crow M. D.
Attending physician, midwife, householder.*

Address Miami Arizona

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

Filed July 13 1922 B. M. Hardy
LOCAL REGISTRAR.

359-703-333
COUNTY REGISTRAR.

Filed 8 8 1922 A True Copy B. G. Fox
COUNTY REGISTRAR.