

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. **133**
Co. Registrar No. **560**
Local Registrar No. _____

PLACE OF BIRTH
1. County of Gila
District of _____
Town of Miami
or _____
City of _____ No. _____ St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Francisco Valdez } If child is not yet named, make supplemental report, as directed

3. Sex of child <u>Male</u>	To be answered ONLY in event of plural births.	4. Twin, triplet or other. <u>1</u>	5. No., in order of birth.	6. Legitimate?	7. Date of birth <u>11/18/22</u> (Month, day, year)
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8. FATHER Full name <u>Jose A. Valdez</u>		14. MOTHER Full maiden name <u>Elvira Gonzales</u>	
9. Residence (Usual place of abode) If nonresident, give place and State <u>Warrior, Arizona</u>		15. Residence (Usual place of abode) If nonresident, give place and State <u>Warrior, Arizona</u>	
10. Color or race <u>dark mt</u>	11. Age at last birthday <u>54</u> (Years)	16. Color or race <u>mt</u>	17. Age at last birthday <u>25</u> (Years)
12. Birthplace (city or place) (State or country) <u>Jerez Sacatecas Mex</u>		18. Birthplace (city or place) (State or country) <u>Jerez Sacatecas Mex</u>	
13. Occupation Nature of Industry <u>Miner</u>		19. Occupation Nature of Industry <u>Domestic</u>	

20. Number of children of this mother (Taken as of time of birth of child here-in certified and including this child.)
(a) Born alive and now living 1 (b) Born alive but now dead None (c) Stillborn None

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at _____ m. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature Viranta Gutierrez
(Physician or midwife)
Address _____

Given name added from a supplemental report _____
(Month, day, year)
659-1118-572
Registrar.

Filed 11/22/22 1922 B. B. J. J. Local Registrar.
Filed Dec 5, 1922 B. B. J. J. County Registrar.