

986

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
in order of birth stated.  
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each.

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

1. County of Gila PLACE OF BIRTH  
District of \_\_\_\_\_  
Town of Miami  
or \_\_\_\_\_  
City of \_\_\_\_\_ No. 722 Church Hill St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

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

3. Sex of Child female To be answered ONLY in event of plural births. 4. Twin, triplet or other \_\_\_\_\_ 6. Legitimate? yes 7. Date of birth July 9, 1923  
5. No., in order of birth \_\_\_\_\_ Month Day Year

8. FATHER Full name Salvador Valdez 14. MOTHER Full maiden name Regina Valdez

9. Residence (Usual place of abode) Miami, Arizona 15. Residence (Usual place of abode) Miami, Arizona  
If nonresident, give place and state If nonresident, give place and state

10. Color or race Mexican 11. Age at last birthday 44 (Years) 16. Color or race Mexican 17. Age at last birthday 23 (Years)

12. Birthplace (city or place) Mexico (State or country) 18. Birthplace (city or place) Mex. Co (State or country)

13. Occupation Timberman; Copper Mine Nature of industry 19. Occupation Housewife Nature of industry

20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.) (a) Born alive and now living 2 (b) Born alive but now dead 0 (c) Stillborn 0 21. Were precautions taken against ophthalmia neonatorum? yes

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

I hereby certify that I attended the birth of this child, who was alive at 5:55 P. 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 [Signature] (Physician or midwife)  
Address Miami, Arizona

Given name added from \_\_\_\_\_ Filed July 31, 1923 C. E. J. Local Registrar.  
Month, day, year. Filed Aug 3, 1923 B. B. J. County Registrar.

Registrar.

259-709-959