

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
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, in order of birth stated.

~~Placeholder~~ ✓

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

1. County of Pima State Index No. 171
District of _____ County Registrar No. 577
Town of Miami Local Registrar No. _____
or
City of _____ No. Dairy Canyon St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Dolores Jean Valleys } 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 _____ 5. No., in order of birth _____ 6. Legitimate? yes 7. Date of birth December 28, 1923
Month day year

5. FATHER Full name <u>Arthur Valleys</u>	14. MOTHER Full maiden name <u>Leola Mary Miller</u>
9. Residence (Usual place of abode) <u>Miami, Ariz</u> If nonresident, give place and state.	15. Residence (Usual place of abode) <u>Miami, Arizona</u> If nonresident, give place and state.
10. Color or race <u>Mexican</u>	16. Color or race <u>White</u>
11. Age at last birthday <u>40</u> (Years)	17. Age at last birthday <u>25</u> (Years)
12. Birthplace (city or place) (State or country) <u>California</u>	18. Birthplace (city or place) (State or country) <u>Texas</u>
13. Occupation Nature of industry <u>Steam fitter</u>	19. Occupation Nature of industry <u>Housewife</u>

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 11:00 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 evidences of life after birth.
Given name added from supplemental report _____

Signature J. J. Miller (Physician or midwife)
Address Miami, Arizona
Filed Dec 31, 1923 C. E. Brown Local Registrar.
Filed 1-5, 1924 B. G. Hoy County Registrar.

456-1228-349