ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 186

County Registrar No. 91

Local Registrar No. _____

PLACE OF BIRTH

1. County of Gila

District of _____

Town of Miami

or

City of _____ No. 114 Chisholm St. _____ Ward

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

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

3. Sex of Child: male — 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 January 29, 1924 (Month day year)

8. FATHER

Full name Rojelio Valencia

9. Residence (Usual place of abode) Miami, Arizona

If nonresident, give place and state

10. Color or race: Mexican

11. Age at last birthday 27 (Years)

12. Birthplace (city or place) _____ (State or country) Mexico

13. Occupation: Miner

Nature of industry: Copper

14. MOTHER

Full maiden name Manuela Dominguez

15. Residence (Usual place of abode) Miami, Arizona

If nonresident, give place and state

16. Color or race: Mexican

17. Age at last birthday 22 (Years)

18. Birthplace (city or place) _____ (State or country) Mexico

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 3

(b) Born alive but now dead 1

(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 1:15 a.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.

Signature F. T. Miller (Physician or midwife)

Address Miami, Arizona

Given name added from a supplemental report _____ Month, day, year.

Filed Jan 31, 1924 C. E. Irvin Local Registrar.

Filed 2/6, 1924 B. G. Jia County Registrar.

_____ Registrar.

651-129-449

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.