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

1. County of Pinal State Index No. 124  
District of \_\_\_\_\_ County Registrar No. 127  
Town of \_\_\_\_\_ Local Registrar No. \_\_\_\_\_  
or \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
City of Miami No. 62 Davis Canyon  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Amelia Valenzuela } 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. Legitimate? Yes 6. Date of birth Feb 10 - 1924  
Month day year

9. FATHER Full name <u>Tomás Valenzuela (deceased)</u>	14. MOTHER Full maiden name <u>Arnelia Touze</u>
10. Residence (Usual place of abode) If nonresident, give place and state	15. Residence (Usual place of abode) If nonresident, give place and state
16. Color or race <u>Mexican</u>	17. Color or race <u>Mexican</u>
11. Age at last birthday _____ (Years)	18. Age at last birthday <u>28</u> (Years)
12. Birthplace (city or place) (State or country) <u>Mexico</u>	13. Birthplace (city or place) (State or country) <u>Mexico</u>
14. Occupation Nature of industry	15. Occupation Nature of industry <u>House wife</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 5  
(b) Born alive but now dead 5  
(c) Stillborn none

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 \_\_\_\_\_ at 10 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.  
Given name added from a supplemental report \_\_\_\_\_

Signature \_\_\_\_\_  
Address \_\_\_\_\_  
Month, day, year \_\_\_\_\_

Filed Feb 29 1924  
Filed 3-5 1924

Registrar. \_\_\_\_\_  
Local Registrar. P. E. Davis  
County Registrar. B. S. Gray

In order of birth stated.

151-210-175