

1213

A SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Gila
District of _____
Town of Miami
or _____
City of _____

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 156
County Registrar No. 151
Local Registrar No. _____

2. Full name of child Edward Gilbert Valle
(If birth occurred in a hospital or institution, give its NAME instead of street and number) St. _____ Ward _____
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. 7 6. Legitimate? Yes 7. Date of birth 2-20-24
Month day year

8. FATHER
Full name Pedro Valle
9. Residence (Usual place of abode) Miami Ariz
If nonresident, give place and state

14. MOTHER
Full maiden name Julia Hayes
15. Residence (Usual place of abode) Miami Ariz
If nonresident, give place and state

10. Color or race Mexican
11. Age at last birthday 24 (Years)

16. Color or race Mexican
17. Age at last birthday 19 (Years)

12. Birthplace (city or place) Ariz
(State or country)

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

13. Occupation Printer
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 none
(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 Born alive at 2 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 evidences of life after birth.
Signature T. A. Slaughter
(Physician or midwife)

Address _____
Month, day, year. _____
Filed Feb 29 1924 C. E. Dineen
Local Registrar.
Filed 3-5 1924 B. J. Y. J. J.
County Registrar.

Registrar. _____
555-220-182