

2511

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD—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

BUREAU OF VITAL STATISTICS ORIGINAL CERTIFICATE OF BIRTH

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

State Index No. 150
County Registrar No. 357
Local Registrar No. 55

2. Full name of child Enrico Valensuela
(If birth occurred in a hospital or institution, give its NAME instead of street and number)
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. 14 6. Legitimate? Yes 7. Date of birth April 24, 1924
Month day year

8. FATHER Full name Leobis Valensuela

14. MOTHER Full maiden name Maria Curcio

9. Residence (Usual place of abode) Payson
If nonresident, give place and state Ariz

15. Residence (Usual place of abode) Payson
If nonresident, give place and state Ariz

10. Color or race Mexican 11. Age at last birthday 48 (Years)

16. Color or race Mexican 17. Age at last birthday 35 (Years)

12. Birthplace (city or place) San Blas Mex
(State or country)

18. Birthplace (city or place) San Blas Mex
(State or country)

13. Occupation Nature of industry Laborer

19. Occupation Nature of industry Housewife

20. Number of children of this mother (a) Born alive and now living 1
(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 born alive at 9:00 a.m. on the date above stated.
(Born alive or stillborn.)

Signature C. H. Rissler, M.D.
Address Payson Ariz
(Physician or midwife)

Given name added from _____
Month, day, year. Filed May 5, 1924 Jay J. Vain Local Registrar.
Filed 5-9 1924 J. S. J. O. County Registrar.

551-424-436