

21411

PLACE OF BIRTH

1. County of Maricopa  
District of \_\_\_\_\_  
Town of Miami  
or  
City of \_\_\_\_\_

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS  
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 160  
County Registrar No. 950  
Local Registrar No. \_\_\_\_\_

2. Full name of child Guadalupe Valadez  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)  
3. Sex of Child Female To be answered ONLY in event of plural births. 4. Twin, triplet or other. \_\_\_\_\_ Legitimate? yes 7. Date of birth Dec. 11-1924  
Month day year

8. FATHER Full name Louis Valadez 14. MOTHER Full maiden name Louisa Ariens  
9. Residence (Usual place of abode) Miami Arizona 15. Residence (Usual place of abode) Miami Ariz.  
If nonresident, give place and state

16. Color or race Mex 17. Age at last birthday 24 (Years)  
18. Birthplace (city or place) Zacatecas Mex. 19. Birthplace (city or place) Zacatecas Mex.  
(State or country)

13. Occupation Nature of industry Miner 20. Number of children of this mother (a) Born alive and now living 1 (b) Born alive but now dead \_\_\_\_\_ (c) Stillborn \_\_\_\_\_  
(Taken as of time of birth of child herein certified and including this child.) 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 (Born alive or stillborn) at 3 A m. on the date above stated.

Signature Eyril M. Brown M.D. (Physician or midwife)  
Address Miami, Arizona  
Month, day, year. Filed Dec 31, 1924 Local Registrar. Filed 1-3-25 1925 - B. J. ... County Registrar.

in order of birth stated.

759-1211-312