

MARGIN RESERVED FOR BINDING
 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.

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

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

BUREAU OF VITAL STATISTICS
 ORIGINAL CERTIFICATE OF BIRTH

State Index No. 156
 County Registrar No. 48
 Local Registrar No. 4

No. 712 Live Oak St. _____ Ward _____
 (If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Maria Angelita Valdéz } 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. No., in order of birth _____
 6. Legitimate? yes
 7. Date of birth January 6 - 1925
 Month day year

8. FATHER
 Full name Salvador Valdéz

14. MOTHER
 Full maiden name Refugio Valdéz

9. Residence (Usual place of abode) Migueli
 If nonresident, give place and state Same

15. Residence (Usual place of abode) Migueli
 If nonresident, give place and state Same

10. Color or race Mexican

11. Age at last birthday 45 (Years)

16. Color or race Mexican

17. Age at last birthday 25 (Years)

12. Birthplace (city or place) Justicia
 (State or country) Zacatecas Mexico

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

13. Occupation
 Nature of industry Minor Labor

19. Occupation
 Nature of industry House Wife

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 _____

21. Were precautions taken against Yes
 thalimia neonatorum?

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ (Born alive or stillborn) at 11 a. m. on the date above stated.

*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 R. Hernandez M.D.
 Address Live Oak, Robertson
 Physician or midwife

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

Filed Jan 8 1925 Hess
 Local Registrar.

Registrar. _____

Filed 219 G. E. W. White
 County Registrar.

459-106-952