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.

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

PLACE OF BIRTH

1. County of Gila

District of

Town of Miami

or

City of

State Index No. 160

County Registrar No.

Local Registrar No. 71

No. Granite Springs Addi. St. Ward

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Daniel Valle } 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

6. Legitimate? yes

7. Date of birth May 3. 1925 (Month day year)

8. FATHER

Full name Pedro Carrillo Valle

9. Residence (Usual place of abode) Miami, Arizona

If nonresident, give place and state

10. Color or race: Mexican

11. Age at last birthday 25 (Years)

12. Birthplace (city or place) Phoenix

(State or country) Arizona

13. Occupation: Linotype operator

Nature of industry: news paper

14. MOTHER

Full maiden name Julia Hayes

15. Residence (Usual place of abode) Miami, Arizona

If nonresident, give place and state

16. Color or race: Mexican

17. Age at last birthday 21 (Years)

18. Birthplace (city or place) Lower California

(State or country) Mexico

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 1

(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 alive at 11 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.

Signature F. F. Miller (Physician ~~or midwife~~)

Address Miami, Arizona

Given name added from a supplemental report

Month, day, year.

Filed May 26, 1921 C. E. Irvin Local Registrar.

Registrar.

Filed ..... 19.... County Registrar.

455-503-189