

**ARIZONA STATE BOARD OF HEALTH**  
**BUREAU OF VITAL STATISTICS**  
**STANDARD CERTIFICATE OF BIRTH**

State File No. 139  
 Registered No. 212

1. PLACE OF BIRTH  
 County Marla State Arizona

District or Township \_\_\_\_\_ or Village \_\_\_\_\_  
 City Miami No. 714 Pine Oak St St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Justo Valdez { 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 Aug. 6, 1925  
 Month Day Year

8. FATHER  
 Full name Antonio Valdez

9. Residence (Usual place of abode) Miami, Ariz.  
 If non-resident, give place and state.

10. Color or race Mex. 11. Age at last birthday 36 (Years)

12. Birthplace (city or place) Zacatecas, Mex.  
 (State or country)

13. Occupation  
 Nature of industry miner

14. MOTHER  
 Full maiden name Rita Berumen

15. Residence (Usual place of abode) Miami, Ariz.  
 If non-resident, give place and state.

16. Color or race Mex. 17. Age at last birthday 34 (Years)

18. Birthplace (city or place) Zacatecas, Mex.  
 (State or country)

19. Occupation  
 Nature of industry Housewife

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 5  
 (b) Born alive but now dead \_\_\_\_\_  
 (c) Stillborn \_\_\_\_\_ 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 at 2 A. m. on the date above stated  
(Born alive or stillborn.)

Signature Cyril M. Brown, M.D.  
 \_\_\_\_\_  
 \_\_\_\_\_ (Physician or midwife)

Given name added from a supplemental report \_\_\_\_\_ Address Miami, Ariz.

Month, day, year \_\_\_\_\_ Filed Aug 12, 1925 Registrar C. E. Davis

Registrar

Registrar

159-806-925

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.