WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECOR.
—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

State Index No. 216
County Registrar No. 335
Local Registrar No.

PLACE OF BIRTH
1. County of Gila
District of
Town of Miami
or
City of
No. 5 Hill St. St., Ward
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Jose de Jesus Valdevia { 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 Oct. 31, 1925. Month Day Year

8. FATHER	14. MOTHER
Full name Serapio Valdevia	Full maiden name Virginia Franco
9. Residence (Usual place of abode) Miami. If non-resident, give place and state. Arizona	15 Residence (Usual place of abode) Miami If non-resident, give place and state. Arizona.
10. Color or race Mex. 11. Age at last birthday 43 (Years)	16 Color or race Mex. 17. Age at last birthday 28 (Years)
12. Birthplace (city or place) Jalisco. (State or country) Mex.	18. Birthplace (city or place) Jalisco. (State or country) Mex.
13. Occupation Nature of industry Laborer	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 1

21. Were precautions taken against ophthalmia neonatorum?

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Stillborn (~~Born alive~~ or stillborn.) at 10 P. 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 evidence of life after birth.

Signature Cyril M. Crow M.D. (Physician or ~~midwife~~).
Address Miami, Arizona.

Given name added from a supplemental report Month, day, year Filed Nov 10, 1925 C. E. Twin Local Registrar.

Registrar Filed , 19 County Registrar

151-1031-564