

WITH UNFADING INK—THIS IS A PERMANENT RECORD
 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 _____
 Town of Hayden
 or _____
 City of _____

BUREAU OF VITAL STATISTICS
 ORIGINAL CERTIFICATE OF BIRTH

State Index No. 184
 County Registrar No. _____
 Local Registrar No. 79

No. _____ St. _____ Ward _____
 (If birth occurred in a hospital or institution, give its NAME instead of street and number)
 2. Full name of child Carmen Valenzuela
 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 Mar 23 1925
 Month day year

3. FATHER
 Full name Juan Valenzuela
 9. Residence (Usual place of abode) Arasapai Arizona
 If nonresident, give place and state
 10. Color or race Mexican
 11. Age at last birthday 39 (Years)
 12. Birthplace (city or place) (State or country) Mexico
 13. Occupation Miner
 Nature of industry _____

14. MOTHER
 Full maiden name Rosa Rodriguez
 15. Residence (Usual place of abode) Arasapai Arizona
 If nonresident, give place and state
 16. Color or race Mexican
 17. Age at last birthday 36 (Years)
 18. Birthplace (city or place) (State or country) Mexico
 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. 9
 (b) Born alive but now dead. 0
 (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 born alive at 8:30 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.
 Given name added from a supplemental report _____
 Signature Eugenio J. Romero (Physician or midwife)
 Address Box 952 - Hayden Arizona
 Filed Mar 28, 1925 W. A. Mack Local Registrar.
 Month, day, year.
 Registrar. _____ County Registrar.

351-1123-999