

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 Orla

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 137

District of _____

Town of Miami

County Registrar No. _____

or

City of _____

Local Registrar No. 772

No. 23 Grover Canon Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Margarita Valadez
(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. _____ 6. Legitimate? yes 7. Date of birth July 14, 1926
Month Day Year

8. FATHER
Full name José Valadez

14. MOTHER
Full maiden name Luisa Arayencas

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

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

10. Color or race Mex. 11. Age at last birthday 25 (Years)

16. Color or race Mex. 17. Age at last birthday 24 (Years)

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

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

13. Occupation Laborer
Nature of Industry Mining

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 _____
(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 9 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 evidence of life after birth.

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

Given name added from a supplemental report. Filed Aug 3, 1926 D. E. Don
Month, day, year Local Registrar.

Registrar Filed _____, 19 _____ County Registrar.

459-714-312