

... e for each in ...
... SEPARATE ... RETURN must b ...
... the number of each, in order of birth, stated.

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Yuma
District of _____
Town of Miami
or _____
City of _____

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 178
Co. Registrar No. _____
Local Registrar No. 328

No. 711 Church Hill St. _____ Ward) _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Francisco Vallosteray 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 July 24, 1928 (Month, day, year)

8. FATHER
Full name Eligio Vallosteray
9. Residence (Usual place of abode) Miami
If nonresident, give place and State

14. MOTHER
Full maiden name Angela Lopez
15. Residence (Usual place of abode) Miami
If nonresident, 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 18 (Years)

12. Birthplace (city or place) Solomonville
(State or country) Ariz

18. Birthplace (city or place) Wilmington
(State or country) N. Mex

13. Occupation miner
Nature of Industry

19. Occupation Home wife
Nature of Industry

20. Number of children of this mother (Taken as of time of birth of child here. In certified and including this child.) (a) Born alive and now living 2 (b) Born alive but now dead 0 (c) Stillborn 0

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born at 7:15 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 Charles E. Devin M.D. (Physician or midwife)
Address Miami Arizona

Given name added from a supplemental report. _____
(Month, day, year) Filed July 27, 1928 Local Registrar. _____
Filed _____, 19 _____ County Registrar. _____
Registrar. _____

659-724-199