

Supplement attached

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

State File No. 191
536
Registered No.

1. PLACE OF BIRTH

County Gila State Arizona
District or Township _____ or Village _____
City Miami No. 20 Hill St St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)
(If child is not yet named, make supplemental report, as directed.)

2. Full name of child Santiago Valderia

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 Dec. 30-1928
Month Day Year

8. FATHER
Full name Serapio Valderia
9. Residence (Usual place of abode) Miami, Arizona
If non-resident, give place and state.
10. Color or race Mex.
11. Age at last birthday 45 (Years)
12. Birthplace (city or place) Jalisco, Mex.
(State or country)
13. Occupation
Nature of industry Merchant

14. MOTHER
Full maiden name Virginia Franko
15. Residence (Usual place of abode) Miami, Arizona
If non-resident, give place and state.
16. Color or race Mex.
17. Age at last birthday 32 (Years)
18. Birthplace (city or place) Jalisco, Mex.
(State or country)
19. Occupation
Nature of industry Housewife

20. Number of children of this mother 8
(Taken as of time of birth of child herein certified and including this child).
(a) Born alive and now living 7
(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 alive at 8:30 P. m. on the date above stated.
(Born alive or stillborn)

Signature Byril M. Brown, M.D.
Physician (Physician or midwife)

Address Miami, Arizona

Given name added from a supplemental report _____
Month, day, year _____
Filed Jan 2, 1929 Registrar R. E. Jones

Registrar.

421-1230-566