

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

State File No. 216

Local Registrar's No. _____

1. PLACE OF BIRTH

County Gila State _____

District or Township _____ or Village _____

City Winkelman No. _____ St. _____ Ward _____

2. Full name of child Jose Valdez Jr (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.)

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 Mar 30 1929 Month Day Year

8. FATHER Full name Jose Valdez

14. MOTHER Full maiden name Maria Aparicio

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

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

10. Color or race Mex 11. Age at last birthday 29 (Years)

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

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

18. Birthplace (city or place) Los Angeles (State or country) Calif

13. Occupation laborer Nature of industry Copper smelter

19. Occupation Housewife Nature of industry _____

20. Number of children of this mother 4 (Taken as of time of birth of child herein certified and including this child.) (a) Born alive and now living 4 (b) Born alive but now dead 0 (c) Stillborn 0

21. Were precautions taken against ophthalmic neonatorum? Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ (Born alive or stillborn) at 10:30 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 Charles H. Hester

(Physician or midwife)

Given name added from a supplemental report. Month, day, year _____

Address _____

Filed April 8 1929 P. L. Hutter Registrar

159-330-416

ORDER OF BIRTH STATED.