

number of each in

order of birth stated.

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS  
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 172<sup>a</sup>  
County Registrar No. 235  
Local Registrar No. \_\_\_\_\_

1. County of \_\_\_\_\_  
District of \_\_\_\_\_  
Town of \_\_\_\_\_  
or  
City of \_\_\_\_\_

2. Full name of child Salvador Contreras  
(If birth occurred in a hospital or institution, give its NAME instead of street and number) St. \_\_\_\_\_ Ward \_\_\_\_\_  
{ If child is not yet named, make supplemental report, as directed.

3. Sex of Child M To be answered ONLY in event of plural births. 4. Twin, triplet or other \_\_\_\_\_ 5. Legitimate? Yes 5. No., in order of birth \_\_\_\_\_ 7. Date of birth 4/19/27  
Month Day Year

8. FATHER  
Full name Narciso Contreras  
9. Residence (Usual place of abode) Miami  
If non-resident, give place and state.

14. MOTHER  
Full (maiden name) Residua Winken  
15. Residence (Usual place of abode) Miami  
If non-resident, give place and state.

10. Color or race Wax  
11. Age at last birthday 31 (Years)

16. Color or race Wax  
17. Age at last birthday 35 (Years)

12. Birthplace (city or place) Mexico  
(State or country)

18. Birthplace (city or place) Mexico  
(State or country)

13. Occupation  
Nature of industry Miami

19. Occupation  
Nature of industry HCW

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 4  
(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 (Born alive or stillborn) at 4:30 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 [Signature] (Physician or midwife)  
Address \_\_\_\_\_

Given name added from a supplemental report. Filed June 11, 1927 [Signature] Local Registrar.  
Month, day, year

Registrar \_\_\_\_\_ Filed \_\_\_\_\_, 19\_\_\_\_ County Registrar.

232-419-365