

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

State File No. 153
 Registered No. 188

1. PLACE OF BIRTH

County Gila State Ariz
 District or Township Miami or Village _____
 City Miami No. _____ St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Maria Saldana 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 No 5. No., in order of birth 1st 6. Legitimate? Yes 7. Date of birth May 11 1927
 Month Day Year

8. FATHER Full name Guillermo Saldana

14. MOTHER Full maiden name Cecilia de Leon

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

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

10. Color or race Mex 11. Age at last birthday 21 (Years)

16. Color or race Mex 17. Age at last birthday 19 (Years)

12. Birthplace (city or place) Tiocaltiche Jalisco
 (State or country)

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

13. Occupation Nature of industry Miner

19. Occupation Nature of industry house wife

20. Number of children of this mother 1 (Taken as of time of birth of child herein certified and including this child.) (a) Born alive and now living Yes (b) Born alive but now dead Yes (c) Stillborn Yes 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 Burns Alcala 5 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 L. M. Castilla
Red Spring
 (Physician or midwife)

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

Address Box 1583
 Filed May 25 1927 Le. E. J. M.
 Registrar Registrar

421-511-345

MARGIN RESERVED FOR BINDING
 WRITE ONLY 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.