

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 183
County Registrar No. 210
Local Registrar No. _____

PLACE OF BIRTH
1. County of Lehi
District of _____
Town of _____
or _____
City of Miami

2. Full name of child Jose Salazar
(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 Male To be answered ONLY in event of plural births. 4. Twin, triplet or other _____ 6. Legitimate? yes
5. No., in order of birth _____ 7. Date of birth May 21, 1927
Month Day Year

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

14. MOTHER
Full maiden name Victoria Santa Ana
15. Residence (Usual place of abode) Miami
If non-resident, give place and state. Arizona

10. Color or race Mexican
11. Age at last birthday 30 (Years)

16. Color or race Mexican
17. Age at last birthday 33 (Years)

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

18. Birthplace (city or place) Guachinango Jalisco Mex
(State or country)

13. Occupation
Nature of industry Copper Mines

19. Occupation
Nature of industry Housewife

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 3
(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 alive at 6 A.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. Castella (Physician or midwife)
Address _____

Given name added from a supplemental report _____
Month, day, year _____
Filed May 25, 1927 L. E. Drinn
Local Registrar.

Registrar

Filed _____ 19 _____
County Registrar.

129-521-521

N. B.—In case of more than one child at a birth, SEPARATE RETURN must be made for each, and the number of each in order of birth stated.