

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

State File No. 122
 Registered No. 232

1. PLACE OF BIRTH

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

2. Full name of child Esther Louise Salazar
(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 _____ Legitimate? yes
 5. No., in order of birth _____
 7. Date of birth Nov 10, 1927
Month Day Year

8. FATHER
 Full name Leopoldo Salazar
 9. Residence (Usual place of abode) Globe, Ariz.
 If non-resident, give place and state. _____
 10. Color or race Mexican
 11. Age at last birthday 26 (Years)
 12. Birthplace (city or place) Aguascalientes
(State or country)
 13. Occupation Miner
 Nature of industry _____

14. MOTHER
 Full maiden name Celia Rodriguez
 15. Residence (Usual place of abode) Globe, Ariz.
 If non-resident, give place and state. _____
 16. Color or race Mex
 17. Age at last birthday 22 (Years)
 18. Birthplace (city or place) Lapaz, Gto.
(State or country)
 19. Occupation Housewife
 Nature of industry _____

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 _____
 (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 9 P. m. on the date above stated
(Born alive or stillborn.)

Signature C. B. Madsen
(Physician or midwife).
 Address Globe, Ariz.
 Filed 11-30-27 O. N. Horst
 Registrar

* 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.

529-1110-399

ONLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
 WRITE IN INK
 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 i.
 order of birth stated.