

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

149
#29

State File No. _____
Registered No. _____

1. PLACE OF BIRTH

County Gila State Arizona
District or Township _____ or Village P.O. Box 1732 Miami, Ariz.
City Miami No. 6 Live Oak Canon St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Maria Josephina Salas } If child is not yet named, make supplemental report, as directed.

3. Sex of Child To be answered ONLY in event of plural births. } Female
4. Twin, triplet or other. _____ }
5. No., in order of birth. _____ } yes
6. Legitimate? _____ }
7. Date July 2, 1930.
Month Day Year

8. FATHER
Full name J. Guadalupe Salas
9. Residence (Usual place of abode) Miami Arizona
If non-resident, give place and state. _____
10. Color or race Mex.
11. Age at last birthday 27 (Years)
12. Birthplace (city or place) Aguas Calientes Mex.
(State or country) _____
13. Occupation _____
Nature of Industry Miner

14. MOTHER
Full maiden name Elena Macias
15. Residence (Usual place of abode) Miami, Arizona
If non-resident, give place and state. _____
16. Color or race Mex
17. Age at last birthday 23 (Years)
18. Birthplace (city or place) Aguas Calientes Mex.
(State or country) _____
19. Occupation _____
Nature of Industry Housewife

20. Number of children of this mother. _____ } (a) Born alive and now living 2
(Taken as of time of birth of child herein certified and including this child.) 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 *15

I hereby certify that I attended the birth of this child, who was born alive at 4 A. m. on the date above stated.
(born alive or stillborn)

Signature Cyril M. Brown M.D. (Physician or midwife)

Given name added from a supplement report _____ Address Miami, Arizona

Month, day, year _____ Filed July 17, 1930 Registrar H. E. Damm

422-702-542

each in order of birth stated.