

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS STANDARD CERTIFICATE OF BIRTH

State File No. 197
Registered No. 75

1. PLACE OF BIRTH

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

2. Full name of child Carmen Salgado { If child is not yet named, make supplemental report, as directed

3. Sex <u>Female</u>	4. Twin, triplet, or other _____	6. Premature <u>Yes</u>	7. Legitimate <u>Yes</u>	8. Date of birth <u>Oct 28 1930</u> <small>(Month, day, year)</small>
5. Number, in order of birth _____	6. Premature <u>Full term</u>			

9. Full name of FATHER Francisco Salgado

10. Residence (usual place of abode) Hayden
(If nonresident, give place and State)

11. Color Mex 12. Age at last birthday 23 (Years)

13. Birthplace (city or place) Yuma
(State or country) Mexico

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. laborer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Copper smelter

16. Date (month and year) last engaged in this work Oct 28 1930

17. Total time (years) spent in this work 3

15. Full maiden name of MOTHER Francisca Rios

19. Residence (usual place of abode) Hayden
(If nonresident, give place and State)

20. Color Mex 21. Age at last birthday 24 (Years)

22. Birthplace (city or place) Yuma
(State or country) Mexico

23. Trade, profession, or particular kind of work done, as housewife, typist, nurse, clerk, etc. housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. None

25. Date (month and year) last engaged in this work Oct 28 1930

26. Total time (years) spent in this work 2

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn 0

28. If stillborn, period of gestation _____ { months or weeks } 29. Cause of stillbirth _____ { Before labor or During labor }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at 2:30 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. }
(Signed) Charles H. ... M. D.

Given name added from a supplemental report. 322-1026-62 or _____, Midwife
(Date of)

Address Hayden Ariz
Filed Oct 31 1930 _____ Registrar.

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.

OCCUPATION

OCCUPATION