

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 191
Registered No. 639

1. PLACE OF BIRTH

County Pima State Arizona

District or Township _____ or Village _____

City Miami No. 806 Sullivan St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number.)

2. Full name of child Andres Salazar } If child is not yet named, make supplemental report, as directed.

| | | | | |
|--------------|--|----------------------------|----------------|-----------------------------------|
| Sex of Child | To be answered ONLY in event of plural births. | 4. Twin, triplet or other. | 6. Legitimate? | 7. Date of birth |
| <u>Boy</u> | | | <u>Yes</u> | <u>11 30 30</u> Month Day Year |
| | | 5. No., in order of birth. | | |

8. FATHER
Full name Ventura Salazar

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

10. Color or race Mexican

11. Age at last birthday (Years) 25

12. Birthplace (city or place) San Felipe De Nigua
(State or country) Chih. Mexico

13. Occupation miner
Nature of Industry _____

14. MOTHER
Full maiden name Cruz Apodaca

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

16. Color or race Mexican

17. Age at last birthday (Years) 20

18. Birthplace (city or place) Aguacion
(State or country) Chih. Mexico

19. Occupation Housewife
Nature of Industry _____

20. Number of children of this mother 1 } (a) Born alive and now living _____
(Taken as of time of birth of child herein } (b) Born alive but now dead _____
certified and including this child.) } (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 Alive at _____ 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 Rosa Cortez (Physician or midwife.)

Given name added from supplemental report 11 30 30 Address 806 Sullivan St
Month, day, year Filed Dec 5, 1930

Registrar. _____ Registrar. R. E. Smith

129-1130-311