

# ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS  
STANDARD CERTIFICATE OF BIRTH

State File No. 170  
Registered No. 693

**1. PLACE OF BIRTH**

County Gila State ARIZONA  
District or Township \_\_\_\_\_ or Village \_\_\_\_\_

City MIAMI No. 107 Red Springs Canyon St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

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

Sex of Child <u>male</u>	To be answered ONLY in event of plural births.	4. Twin, triplet or other.....	6. Legitimate? <u>yes</u>	7. Date of birth <u>Dec 20 1930</u> Month Day Year
		5. No., in order of birth.....		

8. **FATHER**  
Full name Carlos Salmeroni

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

10. Color or race Mexican

11. Age at last birthday 38 (Years)

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

13. Occupation miner  
Nature of Industry Copper

14. **MOTHER**  
Full maiden name Ramona Josepina

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

16. Color or race mexican

17. Age at last birthday 27 (Years)

18. Birthplace (city or place) mexico  
(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..... <u>4</u>	(b) Born alive but now dead..... <u>0</u>	(c) Stillborn..... <u>0</u>	21. Were precautions taken against ophthalmia neonatorum? <u>yes</u>
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**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was alive at 4:00 m. on the date above stated.  
(Born alive or stillborn)

Signature F. F. Miller  
F. F. MILLER, M.D.  
(Physician or midwife.)

Given name added from a supplemental report..... Address MIAMI, ARIZONA  
Month, day, year \_\_\_\_\_  
Registrar. Jan 5 31 Filed \_\_\_\_\_ 19 31 Registrar. C. E. Davis

129-1220-911