119 - [redacted]

State File No. 11

Registered No. 148

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

1. PLACE OF BIRTH

County: Gila State: Ariz

District or Township: Globe 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: Manuel Salas

(If child is not yet named, make supplemental report, as directed)

3. Sex of Child: Male

To be answered ONLY in event of plural births.

4. Twin, triplet or other:

5. No., in order of birth:

6. Legitimate? Yes

7. Date of birth: 8-11-1931 (Month Day Year)

FATHER

8. Full name: Rosalio Salas

9. Residence (Usual place of abode): Globe, Ariz.

If non-resident, give place and state.

10. Color or race: M.

11. Age at last birthday: 42 (Years)

12. Birthplace (city or place): Mexico

(State or country)

13. Occupation: Laborer

Nature of Industry

MOTHER

14. Full maiden name: Maria Mendez

15. Residence (Usual place of abode): Globe, Ariz.

If non-resident, give place and state.

16. Color or race: M.

17. Age at last birthday: 38 (Years)

18. Birthplace (city or place): Mexico

(State or country)

19. Occupation: Housewife

Nature of Industry

20. Number of children of this mother: 11

(Taken as of time of birth of child herein certified and including this child.)

(a) Born alive and now living: 9

(b) Born alive but now dead: 2

(c) Stillborn: 0

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 11 P. 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: T. C. Harper

Physician (Physician or midwife)

Address: Globe, Arizona

Given name added from a supplemental report: Month, day, year

422-811-449

Registrar

Filed 9/8, 1931 G. E. Wyllimson

Registrar

NOTE—PLEASE PLAINLY WRITE IN RESERVED FOR BINDING

In case of more than one stillborn and 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.

A PERMANENT RECORD