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ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. _____

Registered No. 309

1. PLACE OF BIRTH

County: Gila State: Arizona

District or Township: _____ or Village: _____

City: Miami No. Burch Dairy St. _____ Ward

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child: Jacinto Salcinas Jr.

(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: Oct 19 1931 (Month Day Year)

8. FATHER

Full name: Jacinto Salcinas

9. Residence (Usual place of abode): Miami

If non-resident, give place and state: Arizona

10. Color or race: Spanish

11. Age at last birthday: 34 (Years)

12. Birthplace (city or place): _____

(State or country): Spain

13. Occupation

Nature of Industry: Dairyman

14. MOTHER

Full maiden name: Ester Oria

15. Residence (Usual place of abode): Miami

If non-resident, give place and state: Arizona

16. Color or race: Spanish

17. Age at last birthday: 22 (Years)

18. Birthplace (city or place): _____

(State or country): Spain

19. Occupation

Nature of Industry: Housewife

20. Number of children of this mother: 3

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

(a) Born alive and now living: 3

(b) Born alive but now dead: _____

(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 born alive (Born alive or stillborn.) at 2 P. M. on the date above stated.

* 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: Charles E. Drew M. D. (Physician or midwife).

Address: Miami Arizona.

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

122-1019-561 Registrar

Filed Oct 20, 1931 Charles E. Drew 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.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD