

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 130
 Registered No. 265

1. PLACE OF BIRTH

County Gila State Arizona
 District or Township _____ 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 Margarite Salazar
(If child is not yet named, make supplemental report, as directed.)

3. Sex of Child Female 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 Feb. 27, 1932
 Month Day Year

8. FATHER
 Full name Henry Salazar

14. MOTHER
 Full maiden name Anita Robles

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

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

10. Color or race Mexican
 11. Age at last birthday 23 (Years)

16. Color or race Mexican
 17. Age at last birthday 23 (Years)

12. Birthplace (city or place) Florence, Arizona
 (State or country)

18. Birthplace (city or place) Douglas, Arizona
 (State or country)

13. Occupation Shoer
 Nature of Industry

19. Occupation Housewife
 Nature of Industry

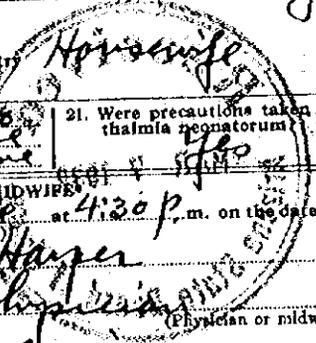
20. Number of children of this mother - Two - (Taken as of time of birth of child herein certified and including this child.)
 (a) Born alive and now living two
 (b) Born alive but now dead none
 (c) Stillborn _____

21. Were precautions taken against ophthalmia neonatorum? yes

I hereby certify that I attended the birth of this child, who was born alive at 4:30 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 or midwife)

Given name added from a supplemental report _____ Address Globe, Arizona
 Month, day, year _____ Filled 3/4 1932 W.E. Wightman Registrar
429-227-192 Registrar



N. B. - In case of death, return must be made on same form, and the number of each in order of birth stated.