

ARIZONA STATE BOARD OF HEALTH

141

State File No. _____

BUREAU OF VITAL STATISTICS STANDARD CERTIFICATE OF BIRTH

Registered No. 72

1. PLACE OF BIRTH

County Gila State Arizona
 Township _____ or Village _____
 City Houglum No. _____ St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child

Miguel Salgado If child is not yet named, make supplemental report, as directed

3. Sex Male If plural births _____ 4. Twin, triplet, or other _____ 5. Number, in order of birth _____
 6. Premature _____ Full term Yes 7. Legitimate Yes 8. Date of birth March 22 1922
(Month, day, year)

9. Full name of FATHER Isabel Salgado
 10. Residence (usual place of abode) (If nonresident, give place and State) Yuma
 11. Color or race Mex 12. Age at last birthday 40 (Years)
 13. Birthplace (city or place) (State or country) Capital, Yuma, Mex
 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lab
 15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Steam Power Plant
 16. Date (month and year) last engaged in this work 2-21-1922

18. Full maiden name of MOTHER Carriem Ouelo
 19. Residence (usual place of abode) (If nonresident, give place and State) Yuma
 20. Color or race Mex 21. Age at last birthday 40 (Years)
 22. Birthplace (city or place) (State or country) Yuma, Mex
 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Lab
 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Home
 25. Date (month and year) last engaged in this work 2-22-1922 26. Total time (years) spent in this work 15

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 9 (b) Born alive but now dead 2 (c) Stillborn 1

28. If stillborn, period of gestation _____ (months or weeks) 29. Cause of stillbirth _____
 Before labor _____
 During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE 720

I hereby certify that I attended the birth of this child, who was _____ at _____ Am. 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. }
 (Signed) Charles Hunter, M.D.
 or _____ Midwife
 Address Yuma, Arizona
 Given name added from a supplemental report _____ (Date of) _____
476-322-316
 Filed Mar 22, 1922 W. H. J. J. Registrar

A SEPARATE RETURN must be made for each child, the number of which shall be stated in order of birth stated.