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ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. _____

Registered No. _____

1. PLACE OF BIRTH

County Gila State _____

Township _____ or Village _____

City Miami No. 805 Sullivan St. Ward

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

2. Full name of child _____ (If child is not yet named, make supplemental report as directed)

3. Sex Female | If plural births: 4. Twin, triplet, or other _____ 5. Number, in order of birth _____ | 6. Premature _____ Full term _____ | 7. Legitimate Yes | 8. Date of birth April 5, 1933 (Month, day, year)

9. Full name FATHER Ventura Salazaar

10. Residence (usual place of abode) (If nonresident, give place of birth) Miami

11. Color or race Mex | 12. Age at last birthday 29 (Years)

13. Birthplace (city or place) Sinaloa (State or country) Mexico

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Unemployed

16. Date (month and year) last engaged in this work _____, 19__ | 17. Total time (years) spent in this work _____

18. Full name MOTHER Cruz Apodaca

19. Residence (usual place of abode) (If nonresident, give place of birth) Miami

20. Color or race _____ | 21. Age at last birthday 23 (Years)

22. Birthplace (city or place) Chihuahua (State or country) Mexico

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. _____

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Housewife

25. Date (month and year) last engaged in this work _____, 19__ | 26. Total time (years) spent in this work _____

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 2 (b) Born alive but now dead 0 (c) Stillborn 0

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at 49 m. on the date above stated (Born alive [redacted])

(When there was no attending physician or midwife, then the father, householder, etc., should make this return.)

(Signed) _____, M. D.

or Nelson O. Brayford, Midwife

Address _____

Filed Miami, Ariz. Registrar.

Given name added from a supplemental report _____ (Date of)

029-HDS-311 Registrar.

4/11/33 [illegible]

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.

...ITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD