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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. This certificate must be filed by the attending Physician or Midwife with the Local Registrar within 3 days after birth.

PLACE OF BIRTH

County of Gila

District of

Town of Hayden

or

City of

ARIZONA TERRITORIAL BOARD OF HEALTH

BUREAU OF VITAL STATISTICS. Ter. Index No. 104

ORIGINAL CERTIFICATE OF BIRTH. Co. Register No. 57

Local Registrar's No.

(No. St; Ward)

FULL NAME OF CHILD { Born / Alive } YES / ~~NO~~

If child is not named, make Supplemental Report on blank obtainable from local registrar.

Sex of Child	Twin, Triplet or other	and	Number in order of birth	Legitimate?	Date of Birth
M			7	Yes	Mch (Month) 25 (Day) 1911 (Yr.)

FATHER		MOTHER	
Full Name	D. Salcido	Full Maiden Name	Carmen Leaon
Residence	Hayden	Residence	Hayden
Color or Race	Mex	Color or Race	Mex
Age at last Birthday (Years)	48	Age at last Birthday (Years)	34
Birthplace	Mex.	Birthplace	Mex
Occupation	Lab.	Occupation	housewife

Number of child of this mother 7 | Number of children, of this mother, now living 7 | Were Precautions taken against Ophthalmia neonatorum? Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of above child; and that it occurred on, 3-25 1911, at 9 a M

*When there is no attending physician or midwife, then the householder should make this return.

(Signature) C B Wiley (Attending physician, midwife, householder, 9)

Given or christian name added from a supplemental report 191

Address

Filed Apr 1 1911 B. G. Fox LOCAL REGISTRAR.

026-325 COUNTY REGISTRAR.

Filed Apr 5 1911 B. G. Fox M.D. COUNTY REGISTRAR.