

2225

**ARIZONA STATE BOARD OF HEALTH**  
 BUREAU OF VITAL STATISTICS 125 State Index No. 5089  
**ORIGINAL CERTIFICATE OF BIRTH** County Registrar No. \_\_\_\_\_  
 Local Registrar No. 28

PLACE OF BIRTH  
 County of Gila  
 District of \_\_\_\_\_  
 Town of Hayden  
 or \_\_\_\_\_  
 City of \_\_\_\_\_ No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Carmen Canada (CAVADA) } 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. Legitimate? Yes 6. Date of birth June 11, 1917  
 Month day year

8. FATHER Full name <u>Manuel Canada</u> Residence (Usual place of abode) <u>Hayden</u> If nonresident, give place and state _____ Color or race <u>Spaniard</u> Age at last birthday <u>30</u> (Years) Birthplace (city or place) <u>Santander</u> (State or country) <u>Spain</u> Occupation <u>Millman</u> Nature of industry <u>Copper Concentrator</u>	14. MOTHER Full maiden name <u>Natividad Salgado</u> Residence (Usual place of abode) <u>Hayden</u> If nonresident, give place and state _____ Color or race <u>Spaniard</u> Age at last birthday <u>28</u> (Years) Birthplace (city or place) <u>Santander</u> (State or country) <u>Spain</u> Occupation <u>Housewife</u> Nature of industry _____
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Number of children of this mother (a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn 0  
 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 at 9:00 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 one that neither breathes nor shows other evidences of life after birth.  
 name added from supplemental report \_\_\_\_\_  
 Month, day, year. 3-31-611-526  
 Registrar.

Signature Manuel Canada - Father  
 (Physician or midwife)  
 Address Hayden, Arizona  
 Filed Jan 8 1926 Local Registrar. 5737 Paul  
 County Registrar.