PLACE OF BIRTH

County of Gila

District of

Town of Miami
or
City of

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 194

Co. Registrar's No. 89

Local Registrar's No.

(No. St: Ward)

FULL NAME OF CHILD Edwardo Salcido

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

Born Alive YES ~~NO~~

Sex of Child	~~Twin,~~ ~~Triplet~~ or other	and	Number in order of birth	Legitimate?	Date of Birth (Month, Day, Yr.)
Male			4	yes	Jan. 25 1920

FATHER		MOTHER	
Full Name	Bonifacio Salcido	Full Maiden Name	Hanna Lopez
Residence	Miami - Arizona	Residence	Miami - Arizona
Color or Race	Mex	Color or Race	Mex
Age at last Birthday	28 Years	Age at last Birthday	24 Years
Birthplace	Mesilla - New Mex	Birthplace	Silver City - N. Mex
Occupation	Miner	Occupation	

Number of child of this Mother 4 | Number of Children, of this mother, now living 4 | Were precautions taken against Ophthalmia neonatorum? Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of the above child; and that it occurred on Jan. 25 1920, at 3:30 A.M.

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

Signature Cyril M. Cron M.D.
Attending physician, midwife, householder.*

Address Miami - Arizona

Given or Christian name added from a supplemental report 191

Filed 191

LOCAL REGISTRAR.

526-125-739
COUNTY REGISTRAR.

Filed 2/10 1920

A True Copy
B. G. [illegible]
COUNTY REGISTRAR.