2125

the number of each, in order of birth, stated. This certificate must be filed by the attending Physician or midwife with each local Registrar within 5 days after birth.

PLACE OF BIRTH

County of Gila

District of Globe

Town of or City of Globe

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 165

Co. Registrar's No. 398

Local Registrar's No.

(No. St; Ward)

FULL NAME OF CHILD Eva Salcedo

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

Born Alive YES ~~NO~~

Sex of Child Female | Twin, Triplet or other and Number in order of birth | Legitimate? yes | Date of Birth July 1 1920 (Month Day Yr.)

FATHER		MOTHER	
Full Name	Josia Salcedo	Full Maiden Name	Felicia Ortist
Residence	Globe, Arizona	Residence	Globe, Arizona
Color or Race	Mexican	Color or Race	Mexican
Age at last Birthday	25 Years	Age at last Birthday	31 Years
Birthplace	Silver City, New Mexico	Birthplace	Santa Fe, New Mexico
Occupation	Laborer	Occupation	Housewife

Number of child of this Mother 10 | Number of Children, of this mother, now living 6 | 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 July 1 1920 at 10 15 A. M.

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

Signature Alvin Kirmse
Attending physician, midwife, householder.*

Address Globe, Arizona

Given or Christian name added from a supplemental report 191

Filed 7/4 1920

B. G. Fox
LOCAL REGISTRAR.

526-701-663
COUNTY REGISTRAR.

A True Copy

Filed 8/5 1920

B. G. Fox
COUNTY REGISTRAR.