2167

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 198

Co. Registrar's No. 418

Local Registrar's No.

PLACE OF BIRTH

County of Gila

District of

Town of Miami

or

City of (No. St; Ward)

FULL NAME OF CHILD Alejo Salazar

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

Born Alive YES ~~NO~~

Sex of Child male | Twin, Triplet or other one | and | Number in order of birth one | Legitimate yes | Date of Birth 7 Month 18 Day 1920 Yr.

FATHER		MOTHER	
Full Name	Jose Salazar	Full Maiden Name	Bartola Ramon Salazar
Residence	Miami Ary.	Residence	Miami Ary.
Color or Race	Mexican	Color or Race	Mexican
Age at last Birthday	23 Years	Age at last Birthday	18 Years
Birthplace	Mexico.	Birthplace	Mexico.
Occupation	Miner	Occupation	House wife

Number of child of this Mother 1 | Number of Children, of this mother, now living 1 | 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 7/18 1920, at 8 A. M.

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

Signature D. W. Hardy M.D.

Attending physician, midwife, householder.*

Address Miami Ary.

Given or Christian name added from a supplemental report 191

Filed 7/20/1920

T. H. Slaughter

LOCAL REGISTRAR.

129-718-295

COUNTY REGISTRAR.

Filed 7/22 1920

A True Copy

B. G. [illegible]

COUNTY REGISTRAR.

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