

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

**ARIZONA STATE BOARD OF HEALTH**  
BUREAU OF VITAL STATISTICS

PLACE OF BIRTH  
County of Gila State Index No. 134  
District of \_\_\_\_\_ ORIGINAL CERTIFICATE OF BIRTH Co. Registrar's No. 711  
Town of Miami Local Registrar's No. \_\_\_\_\_  
or  
City of \_\_\_\_\_ (No. \_\_\_\_\_ St. \_\_\_\_\_ Ward)

FULL NAME OF CHILD Salvador Alcalá Born  YES  
If child is not named, make Supplemental Report on blank obtainable from local registrar. Alive  NO

Sex of Child Male ~~Twin, Triplet or other~~ and Number in order of birth 2 Legitimate? yes Date of Birth Nov. 10 1924  
Month Day Yr.

FATHER  
Full Name Jose Alcalá  
Residence Miami, Arizona  
Color or Race Mex Age at last Birthday 36 Years  
Birthplace Guadalupe, Mexico  
Occupation Carpenter

MOTHER  
Full Maiden Name Philberto Martin  
Residence Miami, Arizona  
Color or Race Mex Age at last Birthday 33 Years  
Birthplace Guad. Mexico  
Occupation Housewife

Number of child of this Mother 2 Number of Children, of this mother, now living 2 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 Nov. 10, 1924 at 9 P. M.  
\*When there is no attending physician or midwife, then the householder should make this return.

Signature April M. Crow M.D.  
Attending physician, midwife, householder.

Given or Christian name added from a supplemental report \_\_\_\_\_ 191\_\_

Address Miami, Ariz.  
J. H. Slaughter  
LOCAL REGISTRAR.

211-1110-745  
COUNTY REGISTRAR.

Filed 12/30/20 1920  
Filed 1-6 1921

A True Copy  
R. G. J. J. J.  
COUNTY REGISTRAR.