

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Pima  
 District of \_\_\_\_\_  
 Town of Miami  
 or \_\_\_\_\_  
 City of \_\_\_\_\_

BUREAU OF VITAL STATISTICS  
 ORIGINAL CERTIFICATE OF BIRTH

State Index No. 1132  
 County Registrar No. 947  
 Local Registrar No. \_\_\_\_\_

2. Full name of child Eedro Salcedo (If birth occurred in a hospital or institution, give its NAME instead of street and number)  
 { If child is not yet named, make supplemental report, as directed.

3. Sex of Child Male To be answered ONLY in event of plural births. 4. Twin, triplet or other \_\_\_\_\_ 5. No., in order of birth \_\_\_\_\_ 6. Legitimate? Yes 7. Date of birth Jan 2 - 1923  
 Month Day Year

8. FATHER  
 Full name Elaris Salcedo  
 9. Residence (Usual place of abode) Miami Arizona  
 If non-resident, give place and state.  
 10. Color or race Mexican  
 11. Age at last birthday 31 (Years)  
 12. Birthplace (city or place) Mexico  
 (State or country)  
 13. Occupation Miner  
 Nature of industry Copper

14. MOTHER  
 Full maiden name Abigail Polledo  
 15. Residence (Usual place of abode) Miami Arizona  
 If non-resident, give place and state.  
 16. Color or race Mexican  
 17. Age at last birthday 31 (Years)  
 18. Birthplace (city or place) Mexico  
 (State or country)  
 19. Occupation Housewife  
 Nature of industry

20. Number of children of this mother 4 (Taken as of time of birth of child herein certified and including this child.)  
 (a) Born alive and now living 4  
 (b) Born alive but now dead 0  
 (c) Stillborn 0  
 21. Were precautions taken against ophthalmia neonatorum? No

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*  
 I hereby certify that I attended the birth of this child, who was born alive at \_\_\_\_\_ 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 is one that neither breathes nor shows other evidence of life after birth.  
 Signature No Physician or midwife  
 Address \_\_\_\_\_  
 Given name added from supplemental report 526-102-176 Filed Dec 23, 1926 L. E. Jinn Local Registrar.  
 Registrar \_\_\_\_\_ Filed \_\_\_\_\_, 19 \_\_\_\_\_ County Registrar.