

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

PLACE OF BIRTH

1. County of Tula
District of _____
Town of _____
or
City of Hayden, Ariz.

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 140
County Registrar No. 304
Local Registrar No. 26

2. Full name of child Soyla Salido
(If born 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 Female 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 June 19, 1923
Month Day Year

8. FATHER
Full name Ysabel Salido

14. MOTHER
Full maiden name Carmen Acido

9. Residence (Usual place of abode) Hayden, Ariz.
If nonresident, give place and state

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If nonresident, give place and state

10. Color or race Mexican 11. Age at last birthday 38 (Years)

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12. Birthplace (city or place) (State or country) Mexico

18. Birthplace (city or place) (State or country) Mexico

13. Occupation Nature of industry Laborer

19. Occupation Nature of industry Housewife

20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.)
(a) Born alive and now living 5
(b) Born alive but now dead 2
(c) Stillborn 0

21. Were precautions taken against ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 12 m. on the date above stated.

*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 Harry C. Staley, M.D.
Address Hayden, Arizona
(Physician or midwife)

Given name added from a supplemental report _____
Month, day, year.

Filed June 29 1923 W. J. D. Quab
Local Registrar.

Filed 7-9 1923 R. S. Boy
County Registrar.

276-619-311