2044

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.

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 167

County Registrar No. 236

Local Registrar No. _____

PLACE OF BIRTH

1. County of Gila

District of Lower Miami

Town of Miami

or

City of _____ No. _____ Hill St. _____ Ward

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Rachela Salcedo } 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 March 23. 1924 (Month day year)

8. FATHER Full name Benjamen Salcedo

9. Residence (Usual place of abode) Miami, Ariz.

If nonresident, give place and state

10. Color or race mexican

11. Age at last birthday 26 (Years)

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

13. Occupation Miner

Nature of industry Copper

14. MOTHER Full maiden name Esther Billard

15. Residence (Usual place of abode) Miami, Arizona

If nonresident, give place and state

16. Color or race Mexican

17. Age at last birthday 22 (Years)

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

19. Occupation Housewife

Nature of industry

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 1

(b) Born alive but now dead 0

(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 alive (Born alive or stillborn.) at 11:55 a.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 evidences of life after birth.

Signature D. J. Miller (Physician or midwife)

Address Miami, Arizona

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

Filed Mch 31, 1924 H. E. Irwin Local Registrar.

Filed 4-8 1924 B. G. Hay County Registrar.

926-323-524