ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 159
County Registrar No. 313
Local Registrar No.

PLACE OF BIRTH

1. County of Gila
District of
Town of Miami
or
City of ..... No. Davis Canyon St. ..... Ward
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child David Salazar } 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 April-19-1924 (month day year)

8. FATHER
Full name Juan Salazar

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

10. Color or race Mexican | 11. Age at last birthday 25 (Years)

12. Birthplace (city or place) Gila
(State or country) N. Mex.

13. Occupation
Nature of industry Miner

14. MOTHER
Full maiden name Adela Ramos

15. Residence (Usual place of abode) Miami
If nonresident, give place and state

16. Color or race Mexican | 17. Age at last birthday 23 (Years)

18. Birthplace (city or place) Chapter
(State or country) Texas

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 3
(b) Born alive but now dead 1
(c) Stillborn None

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 ..... at 4 P. 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 evidences of life after birth.

Signature C. J. Sotelo M.D. (Physician or midwife)
Address Miami Ariz

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

Filed April 30, 1924 C. E. Irvine Local Registrar.

Registrar.

Filed 5-6, 1924 B. G. Fox County Registrar.

429-419-192

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.