1142

CERTIFICATE AMENDED
SEE NOTATION

Registrant's middle name added Jr deleted per Aff. of reg. (6-19-73 cl)

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 172
County Registrar No. 433
Local Registrar No.

PLACE OF BIRTH

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

2. Full name of child Sebastian Salomon Jr. (If child is not yet named, make supplemental report, as directed.)

3. Sex of Child M. 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 5 / 28 / 24 (Month / day / year)

FATHER	MOTHER
8. Full name Sebastian Salomon	14. Full maiden name Lusia Perez
9. Residence (Usual place of abode) If nonresident, give place and state Miami	15. Residence (Usual place of abode) If nonresident, give place and state Miami
10. Color or race Mexican 11. Age at last birthday 29 (Years)	16. Color or race Mexican 17. Age at last birthday 18 (Years)
12. Birthplace (city or place) Mexico (State or country)	18. Birthplace (city or place) Mexico (State or country)
13. Occupation Nature of industry Miner	19. Occupation Nature of industry House worke

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
(b) Born alive but now dead
(c) Stillborn

21. Were precautions taken against ophthalmia neonatorum?

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was (Born alive or stillborn.) at 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 C. H. Perkins (Physician or midwife)
Address Miami Ariz

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

Filed May 31, 1924 C. E. Irwin Local Registrar.

Registrar.

Filed 6-4 1924 B. G. Fox County Registrar.

225-528-379

...ARATE RETURN must be made for each, and the number of each, in order of birth stated.