

11154

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. 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

PLACE OF BIRTH
1. County of Gila
District of _____
Town of _____
or
City of Globe No. _____ St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

State Index No. 139
County Registrar No. 465
Local Registrar No. _____

2. Full name of child Infant 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? No. 7. Date of Birth June 11-24
Month day year

8. FATHER Full name <u>David Tamea</u>		14. MOTHER Full maiden name <u>Maria Salazar</u>	
9. Residence (Usual place of abode) <u>Globe Mex</u> If nonresident, give place and state <u>Arizona</u>		15. Residence (Usual place of abode) <u>Globe</u> If nonresident, give place and state <u>Arizona</u>	
10. Color or race <u>Mex.</u>	11. Age at last birthday <u>35</u> (Years)	16. Color or race <u>Mex</u>	17. Age at last birthday _____ (Years)
12. Birthplace (city or place) (State or country) <u>Mexico</u>		18. Birthplace (city or place) (State or country) <u>Mexico</u>	
13. Occupation Nature of industry <u>Laborer</u>		19. Occupation Nature of industry <u>Laborer</u>	

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 0
(b) Born alive but now dead 0
(c) Stillborn 1

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 stillborn 3 A. 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.
Given name added from _____
a supplemental report _____
Month, day, year. _____

Signature [Signature] (Physician or midwife)
Address Globe Arizona

Filed JUN 12 1924 _____
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Registrar. _____
County Registrar. _____

029-611-429