

MARGIN RESERVED FOR BINDING

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.

V. S. No. 2

PLACE OF BIRTH

1. County of DeLa
District of Miami
Town of Miami
or
City of _____

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 156-2
County Registrar No. 948
Local Registrar No. _____

2. Full name of child Bicente Salcedo (If birth occurred 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 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 9, 1925 Month Day Year

8. FATHER
Full name Elaris Salcedo
9. Residence (Usual place of abode) Miami Arizona
If non-resident, give place and state.

14. MOTHER
Full maiden name Abigail Polledo
15. Residence (Usual place of abode) Miami Arizona
If non-resident, give place and state.

10. Color or race Mexican
11. Age at last birthday 33 (Years)

16. Color or race Mexican
17. Age at last birthday 38 (Years)

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

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

13. Occupation Mine
Nature of industry Copper

19. Occupation Housewife
Nature of industry

20. Number of children of this mother 5 (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 0 (c) Stillborn _____ 21. Were precautions taken against ophthalmia neonatorum? No

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Bicente Salcedo at _____ 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 evidence of life after birth. Signature No Physician or midwife (Physician or midwife). Address _____

Given name added from a supplemental report _____ Filed Dec 23, 1926 L. E. Irwin Local Registrar.

Month, day, year _____ Filed _____, 19 _____ County Registrar.

Registrar

226-409-176