PLACE OF BIRTH

1. County of Gila

District of

Town of

or

City of Globe

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 175

County Registrar No.

Local Registrar No. 127

No. St. Ward

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

2. Full name of child Angelina Salinas } If child is not yet named, make supplemental report, as directed.

3. Sex of Child F

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 May 8-1925 (Month day year)

8. FATHER

Full name José Salinas

9. Residence (Usual place of abode) Ruiz Canyon

If nonresident, give place and state

10. Color or race Mex

11. Age at last birthday 26 (Years)

12. Birthplace (city or place) Mexico City

(State or country) Mexico

13. Occupation Laborer.

Nature of industry

14. MOTHER

Full maiden name Mary Theresa Sandoval

15. Residence (Usual place of abode) Ruiz Canyon

If nonresident, give place and state

16. Color or race Mex

17. Age at last birthday 24 (Years)

18. Birthplace (city or place) Mexico City

(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 1

(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 8:30 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 W. N. Horst M. D. (Physician or midwife)

Address Globe Ariz

Given name added from a supplemental report

Month, day, year.

Filed May 30, 1925 W N Horst Local Registrar.

Registrar.

Filed , 19 County Registrar.

122-508-423

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.