

**ARIZONA STATE BOARD OF HEALTH**  
BUREAU OF VITAL STATISTICS  
STANDARD CERTIFICATE OF BIRTH

State File No. 190  
Registered No. 188

**1. PLACE OF BIRTH**

County Eschen State \_\_\_\_\_  
District or Township \_\_\_\_\_ or Village \_\_\_\_\_  
City Miami No. 1018 Kiss Oak St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

**2. Full name of child**

Salvador Maeda Jr. (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**

\_\_\_\_\_ No., in order of birth

**6. Legitimate?**

Yes

**7. Date of birth**

July 21 - 1925  
Month Day Year

**8. FATHER**

Full name Salvador Maeda

**9. Residence**

Miami Ariz  
(Usual place of abode)  
If non-resident, give place and state.

**10. Color or race**

Mexican

**11. Age at last birthday** 23 (Years)

**14. MOTHER**

Full maiden name Adela Casarez

**15. Residence**

Miami Ariz  
(Usual place of abode)  
If non-resident, give place and state.

**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**

Miner  
Nature of industry

**19. Occupation**

House wife  
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 None  
(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 evidence of life after birth.

Signature R. J. Jotel  
Miami Ariz  
(Physician or midwife.)

Given name added from a supplemental report \_\_\_\_\_  
Month, day, year

Address \_\_\_\_\_

341-721-179  
Registrar

Filed Aug 1, 1925 C. E. Davis  
Registrar

MARGIN RESERVED FOR BINDER  
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.