

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

State File No. 117  
 Registered No. 264

1. PLACE OF BIRTH  
 County Hela State \_\_\_\_\_  
 District or Township \_\_\_\_\_ or Village \_\_\_\_\_  
 City Miami St. \_\_\_\_\_ Ward \_\_\_\_\_

2. Full name of child Maria Cruz Saleado  
(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 Female 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 Sept 14, 1927  
 Month Day Year

8. FATHER  
 Full name Antonio Saleado

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

10. Color or race Black 11. Age at last birthday 35 (Years)

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

13. Occupation Miner  
 Nature of Industry Copper

14. MOTHER  
 Full maiden name Concepcion Alvarez

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

16. Color or race Black 17. Age at last birthday 30 (Years)

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

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 2  
 (b) Born alive but now dead 3  
 (c) Stillborn \_\_\_\_\_

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 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 evidence of life after birth.

Signature Charles E. Dim

(Physician or midwife),  
 Address Miami, Cuba

Given name added from a supplemental report. Month, day, year  
426-914-319  
 Registrar

Filed Sept 15, 1927 C. E. Dim  
 Registrar

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.