

CERTIFICATE AMENDED  
SEE NOTATION

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

State File No. 151  
Registered No. 332

1. PLACE OF BIRTH  
County Gila State Arizona  
District or Township \_\_\_\_\_ or Village \_\_\_\_\_  
City Miami No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child SALVADOR DESANTIAGO  
(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 Oct. 6, 1925.  
Month Day Year

8. FATHER  
Full name Bernabede Santiago

14. MOTHER  
Full maiden name Guadalupe Jiminez

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

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

10. Color or race Mex. 11. Age at last birthday 24 (Years)

16. Color or race Mex. 17. Age at last birthday 21 (Years)

12. Birthplace (city or place) Jalisco, Mex.  
(State or country)

18. Birthplace (city or place) San Luis Potosi, Mex.  
(State or country)

13. Occupation  
Nature of Industry Rancher

19. Occupation  
Nature of Industry Housewife

20. Number of children of this mother \_\_\_\_\_ } (a) Born alive and now living 2  
(Taken as of time of birth of child herein } (b) Born alive but now dead \_\_\_\_\_  
certified and including this child.) } (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 at 3:30 A. 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 Cyril M. Brown M.D.  
Physician  
(Physician or midwife)

Given name added from \_\_\_\_\_ Address Miami, Arizona  
a supplemental report. Month, day, year \_\_\_\_\_

Filed Nov 6, 1925 C. E. Iron  
Registrar Registrar

246-1006-719

WRITE PLAIN. WITH UNFADING INK. IN CASE OF MORE THAN ONE CHILD AT A BIRTH, A SEPARATE RETURN MUST BE MADE FOR EACH, AND THE NUMBER OF BIRTH STATED.

Items 2 and 8 corr. by parents marriage record and reg. temp. drivers license. (12-17-68 ltr)