PLACE OF BIRTH

1. County of Cochise

District of Hamm

Town of

or

City of

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 20a

County Registrar No.

Local Registrar No. 207

No. 7 C St Tin T. St. Ward

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

2. Full name of child Carmen Salazar

{ 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 4 | 6. Legitimate? yes | 7. Date of birth May 4 1926 (Month Day Year)

8. FATHER

Full name Miguel C. Salazar

9. Residence (Usual place of abode) Sonora Mexico

If non-resident, give place and state.

10. Color or race Mexican

11. Age at last birthday 34 (Years)

12. Birthplace (city or place) 7 C St Tin T.

(State or country)

13. Occupation Miner

Nature of industry copper

14. MOTHER

Full maiden name Carmen Escalante

15 Residence (Usual place of abode) 7 C St Tin Town

If non-resident, give place and state.

16 Color or race Mexican

17. Age at last birthday 21 (Years)

18. Birthplace (city or place) Sonora

(State or country) Mexico

19. Occupation 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 4

(b) Born alive but now dead —

(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 alive (Born alive or stillborn.) at 10 20 PM 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 evidence of life after birth.

Signature Edmiston Darragh (Physician or midwife)

Address Box 1177 Bisbee Arizona

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

Filed 7-24-26 19 N B Dunfee Local Registrar.

Registrar

Filed , 19

County Registrar

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of birth in order of birth stated.

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