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

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 147
County Registrar No. 644
Local Registrar No.

PLACE OF BIRTH
1. County of Gila
District of
Town of Miami
or
City of
No. 1015 Live Oak St. St. Ward
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Ysidro Salis (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 May 15, 1926 (Month Day Year)

8. FATHER
Full name Juan Salis
9. Residence (Usual place of abode) Miami.
If non-resident, give place and state. Arizona
10. Color or race Mex.
11. Age at last birthday 21 (Years)
12. Birthplace (city or place) Parral, Chih.
(State or country) Mex.
13. Occupation
Nature of industry Laborer

14. MOTHER
Full maiden name Guadaloupe Remijio
15 Residence (Usual place of abode) Miami.
If non-resident, give place and state. Arizona
16 Color or race Mex.
17. Age at last birthday 19 (Years)
18. Birthplace (city or place) Fierro.
(State or country) New Mex.
19. Occupation
Nature of industry Housewife

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
(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 (Born alive ~~or stillborn~~.) at 1 30 P. 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 Cyril M. Cron M.D. (Physician ~~or midwife~~).
Address Miami, Arizona.

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

Filed June 2, 19 26 C. E. Twin
Local Registrar.

Registrar

Filed , 19
County Registrar.

872-515-796