

# ARIZONA STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS ORIGINAL CERTIFICATE OF BIRTH

State Index No. 151  
County Registrar No. 768  
Local Registrar No. \_\_\_\_\_

PLACE OF BIRTH  
1. County of Pima  
District of \_\_\_\_\_  
Town of \_\_\_\_\_  
or \_\_\_\_\_  
City of Miami

No. 1013 Sepet Hill  
(If birth occurred in a hospital or institution, give its NAME instead of street and number) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. Full name of child Francisca Salomon  
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 Aug 6 - 1926  
Month day year

3. FATHER  
Full name Belo Salomon

14. MOTHER  
Full maiden name Jesus Aranda

9. Residence (Usual place of abode) Miami, Ariz  
If nonresident, give place and state

15. Residence (Usual place of abode) Miami, Ariz  
If nonresident, give place and state

10. Color or race Mexican  
11. Age at last birthday 26 (Years)

16. Color or race Mexican  
17. Age at last birthday 22 (Years)

12. Birthplace (city or place) Silver City  
(State or country) N. Mex

18. Birthplace (city or place) \_\_\_\_\_  
(State or country) Mexico

13. Occupation Miner  
Nature of industry

19. Occupation Housewife  
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 2  
(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 5 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 evidences of life after birth.  
Signature E. J. Jotel  
(Physician or midwife)  
Address Miami Ariz

Given name added from a supplemental report \_\_\_\_\_  
Month, day, year. \_\_\_\_\_  
Filed Aug 10, 1926  
Local Registrar.

Registrar. \_\_\_\_\_  
County Registrar.

675-806-111

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.