

WRITE PLAINLY WITH UNFADING INK. A SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Yuma  
 District of \_\_\_\_\_  
 Town of Christman  
 or \_\_\_\_\_  
 City of \_\_\_\_\_

BUREAU OF VITAL STATISTICS  
 ORIGINAL CERTIFICATE OF BIRTH

State Index No. 116  
 County Registrar No. \_\_\_\_\_  
 Local Registrar No. \_\_\_\_\_

2. Full name of child Clara Salazar  
(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. 0  
 5. No., in order of birth. 1  
 6. Legitimate? yes  
 7. Date of birth Nov 1, 1926  
 Month Nov day 1 year 1926

3. FATHER  
 Full name Guadalupe Salazar  
 9. Residence (Usual place of abode) Christman, Arizona  
 If nonresident, give place and state \_\_\_\_\_  
 10. Color or race Mexico  
 11. Age at last birthday 23 (Years)  
 12. Birthplace (city or place) Atlixto  
 (State or country) Sinaloa, Mexico  
 13. Occupation Miner  
 Nature of industry Copper Miner

14. MOTHER  
 Full maiden name Concepcion Rojas  
 15. Residence (Usual place of abode) Christman, Arizona  
 If nonresident, give place and state \_\_\_\_\_  
 16. Color or race Mexico  
 17. Age at last birthday 20 (Years)  
 18. Birthplace (city or place) Uruapan  
 (State or country) Sanguis, Patate, Mex  
 19. Occupation \_\_\_\_\_  
 Nature of industry Housewife

20. Number of children of this mother: (a) Born alive and now living 1  
 (b) Born alive but now dead \_\_\_\_\_  
 (c) Stillborn \_\_\_\_\_  
 (Taken as of time of birth of child herein certified and including this child.)  
 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 or stillborn.) at 8:00 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 evidences of life after birth.  
 Signature Eufemia Romero (Physician or midwife)  
 Address Hayden Arizona

Given name added from supplemental report \_\_\_\_\_  
 Month, day, year \_\_\_\_\_ Filed Nov 5, 1926 \_\_\_\_\_  
 Registrar. \_\_\_\_\_ Local Registrar. \_\_\_\_\_  
 Filed \_\_\_\_\_ 19\_\_\_\_ County Registrar. \_\_\_\_\_

55-1101-392