

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

State File No. 144
 Registered No. 480

1. PLACE OF BIRTH

County Gila State Arizona
 District or Township _____ or Village _____
 City Miami No. 107 Red Springs Canon Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Carlos Marcos Salmaron Jr. 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 _____ 6. Legitimate? yes
 5. No., in order of birth _____ 7. Date of birth Nov-7-1928
 Month Day Year

8. FATHER
 Full name Carlos Marcos Salmaron

14. MOTHER
 Full maiden name Ramona Aragon

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

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 If non-resident, give place and state. Arizona

10. Color or race Mex. 11. Age at last birthday 39 (Years)

16. Color or race Mex. 17. Age at last birthday 26 (Years)

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

18. Birthplace (city or place) Chihuahua
 (State or country) Mex.

13. Occupation
 Nature of industry Miner

19. Occupation
 Nature of industry Housewife

20. Number of children of this mother 3 } (a) Born alive and now living 3
 (Taken as of time of birth of child herein certified and including this child). } (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 alive at 3:20 A.M. on the date above stated.
(Born alive or stillborn)

Signature Cyril M. Brown, M.D.

 Physician (Physician or midwife).

Given name added from _____ Address Miami, Arizona

Month, day, year _____ Filed Dec 2 1928 C. E. Tom
 Registrar. Registrar.

305-1107-915