

N. B.—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.

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

State File No. 130  
 Registered No. 11

**1. PLACE OF BIRTH**

County Gila State Arizona  
 District or Township \_\_\_\_\_ or Village \_\_\_\_\_  
 City Globe No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Irene Salcedo { If child is not yet named, make supplemental report, as directed.

3. Sex of Child <u>Female</u>	To be answered ONLY in event of plural births. <u>✓</u>	4. Twin, triplet or other <u>✓</u>	6. Legitimate? <u>yes</u>	7. Date of birth <u>Jan. 8, 1929</u> Month Day Year
		5. No., in order of birth <u>1</u>		

8. FATHER  
 Full name Raphael Salcedo

14. MOTHER  
 Full maiden name Lupe Gutierrez

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

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

10. Color or race Mexican  
 11. Age at last birthday 21 (Years)

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

12. Birthplace (city or place) Las Cruces  
 (State or country) New Mexico

18. Birthplace (city or place) Coppa Hill  
 (State or country) Arizona

13. Occupation  
 Nature of industry Miner

19. Occupation  
 Nature of Industry Housewife

20. Number of children of this mother <u>one</u> <small>(Taken as of time of birth of child herein certified and including this child.)</small>	(a) Born alive and now living <u>one</u> (b) Born alive but now dead <u>none</u> (c) Stillborn <u>none</u>	21. Were precautions taken against ophthalmia neonatorum? <u>yes</u>
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**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

I hereby certify that I attended the birth of this child, who was born alive at 4 1/2 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 evidence of life after birth.

Signature T. S. Harper  
 \_\_\_\_\_  
 Physician (Physician or midwife.)

Given name added from a supplemental report \_\_\_\_\_  
 Month, day, year 9-10-37  
 Registrar

Address Globe, Arizona  
 Filed 2/10/29 H. E. Weighman  
 Registrar