

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

State File No. 178

Registered No. 236

1. PLACE OF BIRTH

County Gila State Ariz
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

Mary Salcido

If child is not yet named, make supplemental report, as directed.

3. Sex of Child

To be answered ONLY in event of plural births.

4. Twin, triplet or other

6. Legitimate?

7. Date of birth

Dec. 26, 1929
Month Day Year

Female

5. No., in order of birth

yes

8. FATHER

Full name

Marian Salcido

14. MOTHER

Full maiden name

Francis Gutierrez

9. Residence

(Usual place of abode)

Globe Ariz.

If non-resident, give place and state.

15. Residence

(Usual place of abode)

Globe Ariz.

If non-resident, give place and state.

10. Color or race

Mex.

11. Age at last birthday

21

(Years)

16. Color or race

Mexican

17. Age at last birthday

18

(Years)

12. Birthplace (city or place)

(State or country)

New Mexico

18. Birthplace (city or place)

(State or country)

Globe Ariz.

13. Occupation

Nature of industry

miner

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

0

(c) Stillborn

0

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 12:45 a. m. on the date above stated.
(Born alive or stillborn.)

Signature

T. C. Harper

(Physician or Midwife)

Address

Globe, Arizona

Filed 1/7

1930

H. E. Wightman

Registrar

Registrar

426-1226-699

order of birth stated.