

## ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS  
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 169  
County Registrar No. 34  
Local Registrar No. \_\_\_\_\_

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

No. 28 Davis Canon St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Antonio Casada { 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 Jan. 17, 1927.  
Month Day Year

8. FATHER  
Full name Enrique Casada  
9. Residence (Usual place of abode) Miami  
If non-resident, give place and state. Arizona  
10. Color or race Mex.  
11. Age at last birthday 33 (Years)  
12. Birthplace (city or place) Sonora  
(State or country) Mex.  
13. Occupation  
Nature of industry miner

14. MOTHER  
Full maiden name Susana Apodaca  
15. Residence (Usual place of abode) Miami  
If non-resident, give place and state. Arizona  
16. Color or race Mex.  
17. Age at last birthday 26 (Years)  
18. Birthplace (city or place) Tucson  
(State or country) Arizona  
19. Occupation  
Nature of industry Housewife

20. Number of children of this mother { (a) Born alive and now living 3 }  
{ (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 at 6:35 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 Lynil M. Brown M.D. (Physician or midwife)  
Address Miami, Arizona

Given name added from a supplemental report. Filed Feb 7, 1927 G.E. Jinn Local Registrar.  
Month, day, year Registrar \_\_\_\_\_ Filed \_\_\_\_\_, 19\_\_\_\_ County Registrar \_\_\_\_\_

131-117-211

N. S. - In case of a SEP. RETURN must be made for each, and the number of each in order of birth stated.