

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

State File No. 1285
 Registered No. 240

1. PLACE OF BIRTH

County Gila State Arizona

District or Township _____ or Village _____

City Miami No. 300 Grover Canon St. _____ Ward _____
 (If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Pablo Castenada { 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 _____ 5. No., in order of birth _____ 6. Legitimate? yes 7. Date of birth June 2-1927
 Month Day Year

8. FATHER Full name Jose Maria Castenada

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 35 (Years)

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

13. Occupation Nature of industry Laborer

14. MOTHER Full maiden name Sotera Montes

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 38 (Years)

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

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 6 (b) Born alive but now dead 2 (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 9 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 Ayril M. Brown M.D.
 Physician (Physician or midwife)

Given name added from a supplemental report _____ Address Miami, Arizona

Month, day, year 731-602-242 Filed June 11, 1927 C. E. Jones Registrar