

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Pima
District of _____
Town of Mani
or _____
City of _____

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 132
County Registrar No. 397
Local Registrar No. _____

2. Full name of child Ludris Casteneda (If birth occurred in a hospital or institution, give its NAME instead of street and number)
St. _____ Ward _____
(If child is not yet named, make supplemental report, as directed)

3. Sex of Child Female } To be answered ONLY in event of plural births. } 4. Twin, triplet or other _____ } 6. Legitimate? Yes } 7. Date of birth Sept 9-1927
Month Day Year

8. FATHER
Full name Juan Manuel Casteneda
9. Residence (Usual place of abode) Mani Arizona
If non-resident, give place and state.

14. MOTHER
Full maiden name Pina Margarita Valle
15. Residence (Usual place of abode) Mani Arizona
If non-resident, give place and state.

10. Color or race Mexican
11. Age at last birthday 23 (Years)

16. Color or race Mexican
17. Age at last birthday 18 (Years)

12. Birthplace (city or place) Globe Arizona
(State or country)

18. Birthplace (city or place) Jerome Arizona
(State or country)

13. Occupation Clerk Grocery
Nature of industry

19. Occupation Housewife
Nature of industry

20. Number of children of this mother } (a) Born alive and now living 10
(Taken as of time of birth of child herein } (b) Born alive but now dead _____
certified and including this child.) } (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 11 A 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 Charles E. Jern MW
Address Mani Arizona
(Physician or midwife)

Given name added from a supplemental report _____
Month, day, year _____
Filed Sept 11, 1927 C. E. Jern
Local Registrar.

Registrar _____ Filed _____, 19____ County Registrar.

331-909-955