

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

State File No. 424  
 Registered No. 428

**1. PLACE OF BIRTH**

County Gila State Arizona  
 District or Township \_\_\_\_\_ or Village \_\_\_\_\_  
 City Miami No. 3505 Turkey Shoot St. Canon Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Wenseslado 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 \_\_\_\_\_ 6. Legitimate? yes 7. Date of birth Sept. 28-1927  
 5. No., in order of birth \_\_\_\_\_ Month Day Year

**8. FATHER**  
 Full name Ricardo 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 37 (Years)  
 12. Birthplace (city or place) Morenci  
 (State or country) Arizona  
 13. Occupation  
 Nature of industry Miner

**14. MOTHER**  
 Full maiden name Candalaria Padilla  
 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) Morenci  
 (State or country) Arizona  
 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 4  
 (b) Born alive but now dead 3  
 (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 alive at 1:25 A.m. on the date above stated  
(Born alive or stillborn)  
 Signature Loyd M. Brown M.D.  
 Physician Physician (Physician or midwife).  
 Address Miami, Arizona  
 Given name added from a supplemental report \_\_\_\_\_  
 Month, day, year \_\_\_\_\_  
 Filed Sept 30, 1927 C. E. Derry Registrar

631-928-371