

Name added by supplement 4-21-28

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

State File No. 537  
Registered No. 537

PLACE OF BIRTH

County Mila State Arizona  
City Miami No. 1018 Mars Ave. Ward  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Esther Castillo  
3. Sex of Child Female 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 Dec. 19 - 1927  
Month Day Year

8. FATHER Full name Celso Castillo  
9. Residence (Usual place of abode) Miami, Arizona  
If non-resident, give place and state.

14. MOTHER Full maiden name Josephina Olguin  
15. Residence (Usual place of abode) Miami, Arizona  
If non-resident, give place and state.

10. Color or race Mex. 11. Age at last birthday 25 (Years)  
12. Birthplace (city or place) Chihuahua, Mex  
(State or country)

16. Color or race Mex. 17. Age at last birthday 23 (Years)  
18. Birthplace (city or place) Chihuahua, Mex.  
(State or country)

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 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 alive at HA. m. on the date above stated  
(Born alive or stillborn.)

Signature Layla M. Brown M.D.  
Physician (Physician or midwife)

Address Miami, Arizona  
Filed Dec 22 1927 R. E. King Registrar

Given name added from a supplemental report  
Month, day, year  
Registrar

536-1219-165

OR birth stated.