

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
 N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.

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

State File No. 193
 Registered No. _____

1. PLACE OF BIRTH
 County Gila State Arizona
 District or Township Christmas or Village _____
 City Christmas No. _____ St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Eva Castaneda

{ 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 <u>Feb. 20, 1930</u> Month Day Year
		5. No., in order of birth _____		

8. FATHER
 Full name Reyes Castaneda

14. MOTHER
 Full maiden name Maria Montano

9. Residence (Usual place of abode) Christmas Arizona
 If non-resident, give place and state.

15. Residence (Usual place of abode) Christmas Arizona
 If non-resident, give place and state.

10. Color or race
Mexican

11. Age at last birthday 24 (Years)

16. Color or race
Mexican

17. Age at last birthday 30 (Years)

12. Birthplace (city or place) Sonora
 (State or country) Mexico

18. Birthplace (city or place) Sonora
 (State or country) Mexico

13. Occupation
 Nature of Industry Miner

19. Occupation
 Nature of Industry House wife

20. Number of children of this mother 3rd.
(Taken as of time of birth of child herein certified and including this child.)

(a) Born alive and now living 2
 (b) Born alive but now dead 1
 (c) Stillborn None

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 5 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 J. A. Davis, M.D.

Physician
(Physician or Midwife).

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

Address Christmas Arizona

Filed April 10, 1930 P. E. Hartman
 Registrar Registrar

531-220-444