

PAIN RESERVED FOR BINDING

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

125

State File No. _____
Registered No. 51

1. PLACE OF BIRTH

County Gila State Ariz.
District or Township _____ or Village _____
City Globe No. _____ St. _____ War _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Gilberto Castio { 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
5. No., in order of birth _____ 7. Date of birth Aug 13 19
Month Day Year

8. FATHER
Full name Luciano Castio

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

10. Color or race Mexican 11. Age at last birthday 36 (Years)

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

13. Occupation Miner
Nature of industry _____

14. MOTHER
Full maiden name Lucia Lascuna

16. Residence (Usual place of abode) Globe
If non-resident, give place and state _____

18. Color or race Mexican 17. Age at last birthday 44 (Years)

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

19. Occupation Housewife
Nature of industry _____

20. Number of children of this mother 6 (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 0
(c) Stillborn 0

21. Were precautions taken against oph. thalnia neonatorum? Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 12 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 R. D. Kennedy
(Physician or Midwife).

Given name added from a supplemental report 736-813-331
Month, day, year

Address _____
Filed 9/8, 1931 H. E. W. [Signature]
Registrar