ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 98

Registered No. 407

1. PLACE OF BIRTH

County Gila State Arizona

District or Township ..... or Village .....

City Miami No. ..... St. ..... Ward

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Damasa Castenada (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 .....

5. No., in order of birth .....

6. Legitimate? yes

7. Date of birth Dec. 11 - 1931. (Month Day Year)

8. FATHER

Full name Jesus 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 28 (Years)

12. Birthplace (city or place) El Paso

(State or country) Texas

13. Occupation

Nature of industry Laborer

14. MOTHER

Full maiden name Concepcion Udabe

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 36 (Years)

18. Birthplace (city or place) Jalisco

(State or country) Mex.

19. Occupation

Nature of industry Housewife

20. Number of children of this mother 13

(Taken as of time of birth of child herein certified and including this child.)

(a) Born alive and now living 9

(b) Born alive but now dead 4

(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 (Born alive or stillborn) at 6 30 / 4 m. on the date above stated.

* 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 Cyril M. Crow M.D. (Physician or ~~midwife~~)

Address Miami, Arizona

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

431 - 1211 - 345

Registrar

Filed Jan 5, 1932. Charles E. Orme Registrar

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.