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ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. _____

Registered No. -89-

1. PLACE OF BIRTH

County: Gila State: Ariz

District or Township: _____ or Village: _____

City: Globe No. _____ St. _____ Ward _____

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

2. Full name of child: Ramon Castillo (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 _____ 5. No., in order of birth _____

6. Legitimate? Yes

7. Date of birth: 10 - 27 - 1933 (Month Day Year)

FATHER

8. Full name: Enrique Castillo

9. Residence (Usual place of abode): Globe

If non-resident, give place and state: Ariz.

10. Color or race: Mexican

11. Age at last birthday: 48 (Years)

12. Birthplace (city or place): _____

(State or country): Mexico

13. Occupation: Laborer

Nature of Industry: _____

MOTHER

14. Full maiden name: Lupe Moreno

15. Residence (Usual place of abode): Globe

If non-resident, give place and state: Ariz.

16. Color or race: Mexican

17. Age at last birthday: 39 (Years)

18. Birthplace (city or place): Metcalf

(State or country): Ariz.

19. Occupation: Housewife

Nature of Industry: _____

20. Number of children of this mother: 7 (Taken as of time of birth of child herein certified and including this child.)

(a) Born alive and now living: 5

(b) Born alive but now dead: 2

(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 at 6 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: T. C. Harper, Physician (Physician or Midwife)

Address: Globe, Ariz.

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

936-1027-342

Registrar

Filed: NOV 11 1933

Arson P. Sligh

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.