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the number of each, in order of birth, stated. This certificate must be filed by the attending Physician or Midwife with each local Registrar within 5 days after birth.

PLACE OF BIRTH

County of Globe
District of Globe
Town of _____
or Globe
City of _____

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

State Index No. 135-882

ORIGINAL CERTIFICATE OF BIRTH

Co. Register No. 87

Local Registrar's No. _____

(No. _____ St; _____ Ward)

FULL NAME OF CHILD _____ } Born } YES
If child is not named, make Supplemental Report on blank obtainable from local registrar. } Alive }

Sex of Child Male } Twin, Triplet or other } and } Number in order of birth } Legitimacy } Date of Birth March 30 1914
(Month) (Day) (Yr.)

FATHER
Full Name Pedro Castillo
Residence Globe
Color or Race Mexican Age at last Birthday 30 (Years)
Birthplace Mexican
Occupation (Picard)

MOTHER
Full Maiden Name Maria Alvarez
Residence Globe
Color or Race Mexican Age at last Birthday 36 (Years)
Birthplace Mexico
Occupation Housewife

Number of child of this mother... 8 Number of children, of this mother, now living... 6 Were precautions taken against Ophthalmia neonatorum? Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of above child; and that it occurred on March 30 1914, at 3:45 P.M.

*When there is no attending physician or midwife, then the householder should make this return.

(Signature) Paul C. Schnell
(Attending physician, midwife, householder.*)

Given or christian name added from a supplemental report _____ 191_____

Address Globe

Filed 4/1 1914

B. Boy
LOCAL REGISTRAR.

035-330-419
COUNTY REGISTRAR.

Filed 4/6 1914 A True Copy B. Boy
COUNTY REGISTRAR.