650

AMENDMENT ATTACHED

80

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

County of Coconino

BUREAU OF VITAL STATISTICS

State Index No. [redacted]

District of

ORIGINAL CERTIFICATE OF BIRTH

Co. Register No. 128

Town of Flagstaff

Local Registrar's No. 80

or

City of (No. St; Ward)

FULL NAME OF CHILD Baby Castillo

Born Alive YES ~~NO~~

If child is not named, make Supplemental Report on blank obtainable from local registrar.

Sex of Child	Twin, Triplet or other	and	Number in order of birth	Legitimate?	Date of Birth
Male	X		X	yes	Dec. (Month) 19 (Day) 1914 (Yr.)

FATHER		MOTHER	
Full Name	Carlos Castillo	Full Maiden Name	Natividad Ortega
Residence	Flagstaff, Ariz	Residence	Flagstaff, Ariz
Color or Race	Mex.	Age at last Birthday	28 (Years)
Birthplace	Arizona	Birthplace	Arizona
Occupation	Sheep Owner	Occupation	House Wife

Number of child of this mother 2 | Number of children, of this mother, now living 1 | 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 Dec. 19 1914, at 6 30 A.M.

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

(Signature) M. G. Fronske
(Attending physician, midwife, householder*)

Given or christian name added from a supplemental report 191

Address Flagstaff

Filed Jan 7 1915 Thos. Manning LOCAL REGISTRAR.

A True Copy

036-1219-561
COUNTY REGISTRAR.

Filed Jan 7 1915 Thos. Manning COUNTY REGISTRAR.

Midwife with each Local Registrar within 5 days after birth.