

2550

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 Gila  
District of Muhlenberg  
Town of Christmas  
or  
City of \_\_\_\_\_

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS State Index 136  
ORIGINAL CERTIFICATE OF BIRTH Co. Register No. 16  
Local Registrar's No. 1

FULL NAME OF CHILD Antonina Castro } Born } YES  
If child is not named, make Supplemental Report on blank obtainable from local registrar. } Alive } NO

Sex of Child Female } and } Number in order of birth 9 } Legitimate? Yes } Date of Birth 1 17 1916  
Twin, Triplet or other } } } } } (Month) (Day) (Yr.)

FATHER  
Full Name Camilo Castro  
Residence Christmas Ariz.  
Color or Race Latin Age at last Birthday \_\_\_\_\_ (Years)  
Birthplace San Pedro Ariz  
Occupation Laborer

MOTHER  
Full Maiden Name Encarnacion Gallas  
Residence Christmas Ariz  
Color or Race Latin Age at last Birthday 30 (Years)  
Birthplace San Pedro Ariz  
Occupation Housewife

Number of child of this mother... 9 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 Jan 17 1916, at 3 P.M.  
{ \*When there is no attending physician or midwife, then the householder should make this return.

(Signature) Edna Hart  
(Attending physician, midwife, householder.)

Given or christian name added from a supplemental report \_\_\_\_\_ 191\_\_\_\_\_

Address Christmas Ariz

Filed Jan 21 1916  
136-117-532  
COUNTY REGISTRAR.

H. Roberts  
LOCAL REGISTRAR.  
A True Copy  
R. L. Fox  
COUNTY REGISTRAR.