

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.

ARIZONA STATE BOARD OF HEALTH
 BUREAU OF VITAL STATISTICS 128 State Index No. 88
ORIGINAL CERTIFICATE OF BIRTH Co. Register No. 204
 Local Registrar's No.

PLACE OF BIRTH
 County of Gila
 District of _____
 Town of Miami
 or _____
 City of _____ (No. _____ St. _____ Ward _____)

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

Sex of Child female Twin, Triplet or other no and Number in order of birth 1 Legit. mate yes Date of Birth July 8 1916
 (Month) (Day) (Yr.)

FATHER
 Full Name Antonio Castillo
 Residence Miami Ariz.
 Color or Race Spanish Age at last Birthday 31
 Birthplace Colo. (Years)
 Occupation clerk

MOTHER
 Full Maiden Name Anna Munson
 Residence Miami Ariz.
 Color or Race American Age at last Birthday 32
 Birthplace Illinois (Years)
 Occupation Housewife

Number of child of this mother 1 Number of children, of this mother, now living 2 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 July 8 1916, at 7 A.M.
 { *When there is no attending physician or midwife, then the householder should make this return. }
 (Signature) B. N. Hardy
 (Attending physician, midwife, householder,*)

Given or christian name added from a supplemental report _____ 191____
 Address Miami Ariz.

136-708-145
 COUNTY REGISTRAR.

Filed July 15 1916
 Filed Aug 1 1916 A True Copy
B. G. Sox
 LOCAL REGISTRAR.
 COUNTY REGISTRAR.