

PLACE OF BIRTH
 County of Gila " BUREAU OF VITAL STATISTICS State Index No. 151
 District of _____ ORIGINAL CERTIFICATE OF BIRTH Co. Register No. 530
 Town of Miami Local Registrar's No. _____
 or _____ (No. _____ St; _____ Ward)
 City of _____

FULL NAME OF CHILD Isabelle Castenada } 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 1 Legiti- mate? yes Date of Birth July 31 - 1919
 Twin, Triplet or other _____ (Month) (Day) (Yr.)

FATHER
 Full Name Epitacio Castenada
 Residence Chih. Hill, Miami, Ariz.
 Color or Race Mex Age at last Birthday 35 (Years)
 Birthplace Durango - Mexico
 Occupation Millman

MOTHER
 Full Maiden Name Francisca Giona
 Residence Chih. Hill - Miami, Ariz.
 Color or Race Mex Age at last Birthday 21 (Years)
 Birthplace Chihuahua - Mex
 Occupation Housewife

Number of child of this mother 1 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 the above child; and that it occurred on July 31, 1919, at 12:30 A.M.

{ *When there is no attending physi-
 cian or midwife, then the householder
 should make this return.

(Signature) Cyril M. Crow M.D.
 (Attending physician, midwife, householder.*)

Given or Christian name added from a
 supplemental report _____ 191____

Address Miami, Ariz.

931-731-671
 COUNTY REGISTRAR.

Filed Oct 30 1919

W. D. Braxton
 LOCAL REGISTRAR.

Filed Nov 7 1919 A True Copy

D. S. Jax
 COUNTY REGISTRAR.