

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

PLACE OF BIRTH  
 County of Yula  
 District of \_\_\_\_\_  
 Town of Miami  
 or \_\_\_\_\_  
 City of \_\_\_\_\_ (No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)

State Index No. 154  
 Co. Registrar's No. 743  
 Local Registrar's No. \_\_\_\_\_

**ORIGINAL CERTIFICATE OF BIRTH**

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

Sex of Child Female <sup>Twin, Triplet or other</sup> } and { Number in order of birth 5 Legitimate? yes Date of Birth Dec. 31 - 1919  
 Month Day Yr.

**FATHER**  
 Full Name Gabriel Castro  
 Residence Miami - Arizona  
 Color or Race Mex Age at last Birthday 31 Years  
 Birthplace Sinoloa - Mex  
 Occupation miner

**MOTHER**  
 Full Maiden Name Maria Jesus Villaverde  
 Residence Miami - Ariz.  
 Color or Race Mex Age at last Birthday 31 Years  
 Birthplace Sinoloa - Mex  
 Occupation Housewife

Number of child of this Mother 5 Number of Children, of this mother, now living 5 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 Dec. 31, 1919, at 4 P.M.  
 { \*When there is no attending physician or midwife, then the householder should make this return. }

Signature Cyril M. Cron M.D.  
 Attending physician, midwife, householder.\*  
 Address Miami - Ariz  
Nov 3 1920  
 LOCAL REGISTRAR.

Given or Christian name added from a supplemental report \_\_\_\_\_ 191\_\_\_\_ Filed Jan 2 1920  
134-1231-153 A True Copy Filed Jan 26 1920  
 COUNTY REGISTRAR. COUNTY REGISTRAR.