PLACE OF BIRTH

County of Gila

District of

Town of Miami
or
City of

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 195

Co. Registrar's No. 90

Local Registrar's No.

(No. St; Ward)

FULL NAME OF CHILD

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

Born Alive: ~~YES~~ NO

Sex of Child	~~Twin~~, ~~Triplet~~ or other	and	Number in order of birth	Legitimate?	Date of Birth (Month / Day / Yr.)
Male			1	yes	Jan. 25 - 1920

FATHER		MOTHER	
Full Name	Jose Casada	Full Maiden Name	Carmen Carasco
Residence	Miami - Ariz.	Residence	Miami - Ariz.
Color or Race	Mex	Color or Race	Mex
Age at last Birthday	35 Years	Age at last Birthday	24 Years
Birthplace	Chihuahua - Mex	Birthplace	Chihuahua - Mex
Occupation	Laborer	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 Jan. 25, 1920, 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 - Arizona

Given or Christian name added from a supplemental report ---- 191--

Filed 2/4/1920 — LOCAL REGISTRAR.

031-125-336
COUNTY REGISTRAR.

Filed 2-10 1920 — A True Copy B. G. Fox
COUNTY REGISTRAR.