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ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

State Index No. 170
Co. Registrar's No. 303
Local Registrar's No. _____

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

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

Sex of Child Male Twin, Triplet or other } and { Number in order of birth 5 Legiti- mate? yes Date of Birth May 22 1920
Month Day Yr.

FATHER
Full Name Jose Ignacio Castillo
Residence Miami, Arizona
Color or Race Mex Age at last Birthday 37 Years
Birthplace Wunango, Mex
Occupation Miner

MOTHER
Full Maiden Name Casimira Saucedo
Residence Miami, Arizona
Color or Race Mex Age at last Birthday 24 Years
Birthplace Wunango, Mex
Occupation Housewife

Number of child of this Mother 5 Number of Children, of this mother, now living 3 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 May 22, 1920 at 9 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 *

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

Filed 5/31 1920 J. H. Slaughter LOCAL REGISTRAR.
A True Copy
Filed 6-7 1920 B. S. J. a COUNTY REGISTRAR.

936-522-320
COUNTY REGISTRAR.