2429

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

County of Maricopa

District of

Town of Phoenix
or
City of

State Index No. 388

Co. Register No. 98178

Local Registrar's No. 1762

(No. 209 E Buchanan St; Ward)

FULL NAME OF CHILD Frank Edward Castle

Born / Alive YES ~~NO~~

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

Sex of Child	Twin, Triplet or other	and	Number in order of birth	Legitimate? Yes	Date of Birth July (Month) 12 (Day) 1920 (Yr.)

FATHER		MOTHER	
Full Name	Frank C. Castle	Full Maiden Name	Josephine Culling
Residence	Phoenix, Ariz.	Residence	Phoenix, Ariz.
Color or Race	Age at last Birthday 27 (Years)	Color or Race	White Age at last Birthday 22 (Years)
Birthplace	Phoenix, Ariz.	Birthplace	Congress, Ariz.
Occupation	Plumber	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 above child; and that it occurred on July 12 191 , at 11 30 P M.

*When there is no attending physician or midwife, then the householder should make this return.

(Signature) Bill Barnin
(Attending physician, midwife, householder.*)

Address Phoenix, Ariz

Given or christian name added from a supplemental report 191

Filed July 1920

LOCAL REGISTRAR.

635-712-137
COUNTY REGISTRAR.

Filed 7-17 1920

A True Copy H. R. Larson
COUNTY REGISTRAR.

Midwife with each local Registrar within 6 days after birth.