2141

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 146

Co. Registrar's No. 12

Local Registrar's No. .....

PLACE OF BIRTH

County of Gila

District of .....

Town of Miami

or

City of ..... (No. ..... St. ..... Ward)

FULL NAME OF CHILD Dalia Castro

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

Born Alive: YES ~~NO~~

Sex of Child: M | Twin, Triplet or other: 1 | and | Number in order of birth: 14 | Legitimate? Y | Date of Birth: Jan 5 1921 (Month, Day, Yr.)

FATHER		MOTHER	
Full Name	Gabriel Castro	Full Maiden Name	Maria Jesus Villareal
Residence	Miami	Residence	Miami
Color or Race	Mex	Color or Race	Mex
Age at last Birthday	36 Years	Age at last Birthday	31 Years
Birthplace	Mexico	Birthplace	Mexico
Occupation	Mechanic	Occupation	H

Number of child of this Mother: 14 | Number of Children, of this mother, now living: 6 | 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 5 1921, at 10:30 P.M.

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

Signature Charles E. Tim M.D.
Attending physician, midwife, householder.*

Address Miami Ariz

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

Filed Jan 15 1921

B. W. Hardy M. D.
LOCAL REGISTRAR.

436-105-453 Feb 5 1921

COUNTY REGISTRAR.

A True Copy

B. G. [illegible]
COUNTY REGISTRAR.

the number of each, in order of birth, stated. This certificate must be filed by the attending Physician or midwife with each local Registrar within 5 days after birth.