

a SEPARATE RETURN must be made for each, and 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.

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

PLACE OF BIRTH
 County of Gila,
 District of Globe,
 Town of _____
 or
 City of Globe, (No. _____ St. _____ Ward)

State Index No. 111
 Co. Registrar's No. 476
 Local Registrar's No. _____

ORIGINAL CERTIFICATE OF BIRTH

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

Sex of Child	Female	Twin, Triplet or other	}	and	}	Number in order of birth	Legitimate? Yes	Date of Birth	9	15	1921
								Month	Day	Yr.	

FATHER

Full Name Joe Casteneda,

Residence Globe,

Color or Race Mex. Age at last Birthday 28 Years

Birthplace Arizona,

Occupation Laborer (Miner)

MOTHER

Full Maiden Name Genoveva Granado,

Residence Globe,

Color or Race Mex Age at last Birthday 32 Years

Birthplace Mexico,

Occupation Housewife,

Number of child of this Mother 9 | Number of Children, of this mother, now living 18 | 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 Sept. 15, 1921, at 3A M.

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

Signature G. E. Wightman
 Attending physician, midwife, householder.*

Given or Christian name added from a supplemental report _____ 191____

Address Globe, Ariz.

731-915-774
 COUNTY REGISTRAR.

Filed 9/18 1921

Filed 10/5 1921 A True Copy

B. G. J. O.
LOCAL REGISTRAR.

B. G. J. O.
COUNTY REGISTRAR.