974

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, the number of each, in order of birth, stated. This certificate must be filed by the attending Phys or midwife with each local Registrar within 5 days after birth.

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. 112

Co. Registrar's No. 156

Local Registrar's No.

(No. St; Ward)

FULL NAME OF CHILD Ramiro Castro

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

Born Alive: YES ~~NO~~

Sex of Child: Male | ~~Twin, Triplet or other~~ and Number in order of birth: 7 | Legitimate? yes | Date of Birth: April 18 1922 (Month Day Yr.)

FATHER		MOTHER	
Full Name	Gabriel Castro	Full Maiden Name	Maria Jesus Villereal
Residence	Miami, Arizona	Residence	Miami, Arizona
Color or Race	Mex.	Color or Race	Mex.
Age at last Birthday	36 Years	Age at last Birthday	37 Years
Birthplace	Sinaloa, Mexico	Birthplace	Sinaloa, Mexico
Occupation	Blacksmith	Occupation	Housewife

Number of child of this Mother 7 | Number of Children, of this mother, now living 4 | 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 April 18, 1922, at 11 15 P.M.

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

Signature C. M. Cron M.D.
Attending physician, midwife, householder.*

Given or Christian name added from a supplemental report 191

Address Miami, Arizona

Filed Apr 30 1922 B. W. Hall
LOCAL REGISTRAR.

936-418-453
COUNTY REGISTRAR.

Filed 5/6 1922 A True Copy B. G. Fox
COUNTY REGISTRAR.