4675

N. B.—In case of more than one child at birth, 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.

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. 1610

Co. Registrar's No. 194

Local Registrar's No.

(No. St; Ward)

FULL NAME OF CHILD Maria Dolores Castillano

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

Born Alive { YES / ~~NO~~

Sex of Child Female | ~~Twin, Triplet~~ or other | and | Number in order of birth 2 | Legitimate? yes | Date of Birth May 17 (Month) 1922 (Day, Yr.)

FATHER		MOTHER	
Full Name	Dolores Castillano	Full Maiden Name	Rebecca Lopez Dominguez
Residence	Miami, Arizona	Residence	Miami - Arizona
Color or Race	Mex.	Color or Race	Mex.
Age at last Birthday	36 Years	Age at last Birthday	23 Years
Birthplace	Jalisco - Mexico	Birthplace	Sonora, Mexico
Occupation	Miner	Occupation	Housewife

Number of child of this Mother 2 | Number of Children, of this mother, now living 2 | 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 17, 1922, at 8 P.M.

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

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

Address Miami, Arizona

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

Filed May 26 1922 [signature]
LOCAL REGISTRAR.

436-517-949
COUNTY REGISTRAR.

Filed 6/3 1922 A True Copy [signature]
COUNTY REGISTRAR.