

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Pima  
 District of Moqui  
 Town of \_\_\_\_\_  
 or \_\_\_\_\_

BUREAU OF VITAL STATISTICS  
 ORIGINAL CERTIFICATE OF BIRTH

State Index No. 152  
 Co. Registrar No. 53  
 Local Registrar No. \_\_\_\_\_

City of \_\_\_\_\_ No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Isabel Castro } If child is not yet named, make supplemental report, as directed

3. Sex of child M To be answered ONLY in event of plural births. 4. Twin, triplet or other \_\_\_\_\_ 5. No., in order of birth \_\_\_\_\_ 6. Legitimate? No 7. Date of birth Jan 22-23 (Month, day, year)

**FATHER**  
 8. Full name Augustine Castro  
 9. Residence (Usual place of abode) Unknown  
 If nonresident, give place and State  
 10. Color or race Mex 11. Age at last birthday 36 (Years)  
 12. Birthplace (city or place) Mexico  
 (State or country)  
 13. Occupation Mines  
 Nature of Industry

**MOTHER**  
 14. Full maiden name Ramona Lopez  
 15. Residence (Usual place of abode) Miami  
 If nonresident, give place and State  
 16. Color or race Mex 17. Age at last birthday 35 (Years)  
 18. Birthplace (city or place) Mexico  
 (State or country)  
 19. Occupation Housework  
 Nature of Industry

20. Number of children of this mother (Taken as of time of birth of child here-in certified and including this child.) } (a) Born alive and now living 6 (b) Born alive but now dead 1 (c) Stillborn 0

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was 4 A.M. at \_\_\_\_\_ m. on the date above stated.  
 (Born alive or stillborn)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature Charles E. Davis M.D.  
 (Physician or midwife)

Address Miami

Given name added from a supplemental report \_\_\_\_\_ (Month, day, year)

Filed Jan 31, 1923 Charles E. Davis Local Registrar.

Filed 2/8, 1923 B. J. Day County Registrar.

Registrar. 936-122-939