

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 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 State Index No. 128  
 District of Winkelman ORIGINAL CERTIFICATE OF BIRTH Co. Registrar's No. 237  
 Town of Winkelman Local Registrar's No. 1  
 or  
 City of Ariz (No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)

FULL NAME OF CHILD Bernardina Rosalia Castro } Born } YES  
 If child is not named, make Supplemental Report on blank obtainable from local registrar. } Alive } ~~NO~~

Sex of Child Girl } Twin, Triplet or other } and } Number in order of birth } Legitimate? yes } Date of Birth April 6 1923  
 Month Day Yr.

**FATHER**  
 Full Name Carlos Castro  
 Residence Winkelman Ariz  
 Color or Race Mexican Age at last Birthday 38 Years  
 Birthplace Ymures Mex Rep.  
 Occupation Laborer

**MOTHER**  
 Full Maiden Name Guadalupe Bedoya  
 Residence Winkelman Ariz  
 Color or Race Mex Age at last Birthday 30 Years  
 Birthplace Ymures Mex  
 Occupation House wife

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 April 6 1923, at 4 a.m.

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

Signature Mrs Humphrey & Husband  
 Attending physician, midwife, householder.\*

Given or Christian name added from a supplemental report \_\_\_\_\_ 191\_\_\_\_

Address Winkelman Ariz

236-406-721  
 COUNTY REGISTRAR.

Filed April 21 1923

H. Roberts  
 LOCAL REGISTRAR.

Filed May 5 1923 A True Copy

P. S. Fox  
 COUNTY REGISTRAR.