

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
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.

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS  
ORIGINAL CERTIFICATE OF BIRTH

PLACE OF BIRTH

1. County of Maricopa

District of \_\_\_\_\_

Town of Miami

or \_\_\_\_\_

City of \_\_\_\_\_

2. Full name of child Senide Castillo (If birth occurred in a hospital or institution, give its NAME instead of street and number)

State Index No. 105

County Registrar No. 400

Local Registrar No. \_\_\_\_\_

No. Turkey Shout St. \_\_\_\_\_ Ward \_\_\_\_\_

(If child is not yet named, make supplemental report, as directed.)

3. Sex of Child Female To be answered ONLY in event of plural births.

4. Twin, triplet or other \_\_\_\_\_

5. No., in order of birth 9

6. Legitimate? yes

7. Date of birth June 5 - 1923

Month Day Year

8. FATHER

Full name Ignacio Castillo

9. Residence (Usual place of abode) Miami, Ariz.

If nonresident, give place and state \_\_\_\_\_

14. MOTHER

Full maiden name Casimira Saucido

15. Residence (Usual place of abode) Miami, Ariz.

If nonresident, give place and state \_\_\_\_\_

10. Color or race Mex

11. Age at last birthday 36 (Years)

16. Color or race Mex

17. Age at last birthday 28 (Years)

12. Birthplace (city or place) Durango Mex

(State or country) \_\_\_\_\_

18. Birthplace (city or place) Durango Mex

(State or country) \_\_\_\_\_

13. Occupation

Nature of industry Miner

19. Occupation

Nature of industry Housewife

20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.)

(a) Born alive and now living 4

(b) Born alive but now dead 5

(c) Stillborn 2

21. Were precautions taken against ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born at 3:25 p. 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 C. M. Crow M.D.

(Physician or midwife)

Address Miami, Arizona

Given name added from a supplemental report \_\_\_\_\_

Month, day, year. \_\_\_\_\_

Registrar. \_\_\_\_\_

Filed July 31, 1928 P. E. Juen Local Registrar.

Filed Aug 3, 1928 B. G. Juen County Registrar.

236-605-326