

1021

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 in order of birth stated.

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

PLACE OF BIRTH
1. County of Yuma
District of _____
Town of _____
City of Miami No. _____ St. _____ Ward _____
2. Full name of child Esperanza Castro (If birth occurred in a hospital or institution, give its NAME instead of street and number) State Index No. 177
County Registrar No. 697
Local Registrar No. _____

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 1st 6. Legitimate? Yes 7. Date of birth Oct 24 - 1923
Month Day Year

8. FATHER
Full name Rojal Castro

14. MOTHER
Full maiden name Magdalena Duran

9. Residence (Usual place of abode) Los Angeles Calif
If nonresident, give place and state

15. Residence (Usual place of abode) Miami Fla
If nonresident, give place and state

10. Color or race Mexican

11. Age at last birthday 26 (Years)

16. Color or race Mexican

17. Age at last birthday 20 (Years)

12. Birthplace (city or place) Mexico
(State or country)

18. Birthplace (city or place) El Paso Texas
(State or country)

13. Occupation Laborer
Nature of industry

19. Occupation House wife
Nature of industry

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 1
(b) Born alive but now dead None
(c) Stillborn None

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 _____ at 6 P. 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 P. J. Gomez
(Physician or midwife)
Address Miami Fla

Given name added from a supplemental report _____
Month, day, year. _____
Registrar. _____

Filed Oct 31, 1923
Filed 11-6, 1923
Local Registrar. P. E. Druin
County Registrar. B. J. G. J. G.

536-1024-4115