

12111

SAFARI 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

1. County of Gila State Index No. 153
District of _____ County Registrar No. 148
Town of Miami Local Registrar No. _____
or Miami No. at private home St. Turkey Shoot Ward
City of _____ (If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Baudelia Castañeda } 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 _____ 6. Legitimate? NO 7. Date of birth Feb. 19 Tues. 1924
Month day year

8. FATHER Full name <u>Ricardo Castañeda</u>		14. MOTHER Full maiden name <u>Candelaria Padilla</u>	
9. Residence <u>#3614. Loomis Ave., (Turkey Shoot)</u>		15. Residence <u>Loomis Ave., Turkey Shoot</u>	
10. Color or race <u>White</u>	11. Age at last birthday <u>33</u> (Years)	16. Color or race <u>White</u>	17. Age at last birthday <u>24</u> (Years)
12. Birthplace (city or place) <u>Morenci</u> (State or country) <u>Arizona, U.S.A.</u>		18. Birthplace (city or place) <u>Morenci</u> (State or country) <u>Ariz. U.S.A.</u>	
13. Occupation Nature of industry <u>Miner</u>		19. Occupation Nature of industry <u>Domestic</u>	

20. Number of children of this mother (a) Born alive and now living 3
(b) Born alive but now dead 2
(c) Stillborn none
(Taken as of time of birth of child herein certified and including this child.) 5

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 12:30 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 evidences of life after birth.

Signature Cristiana Castañeda (Physician or midwife)
Address Loomis Ave - (Turkey Shoot)
Given name added from supplemental report _____
Month, day, year. _____
Registrar. _____
Filed Feb 29 1924 R. G. Davis Local Registrar.
Filed 3-5 1924 B. G. Gray County Registrar.

231-219-371.