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PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Gila  
District of \_\_\_\_\_  
Town of Globe  
or  
City of \_\_\_\_\_ No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

BUREAU OF VITAL STATISTICS  
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 136  
County Registrar No. 211  
Local Registrar No. \_\_\_\_\_

2. Full name of child Jovinita Castaneda  
3. Sex of Child Female To be answered ONLY in event of plural births. 4. Twin, triplet or other. no 5. Legitimate? yes 6. Date of birth 3 8 1924  
Month day year

8. FATHER  
Full name José Castaneda  
9. Residence (Usual place of abode) Globe, Ariz.  
If nonresident, give place and state

14. MOTHER  
Full maiden name Maria Martinez  
15. Residence (Usual place of abode) Globe, Ariz.  
If nonresident, give place and state

10. Color or race Mexican  
11. Age at last birthday 22 (Years)

16. Color or race Mexican  
17. Age at last birthday 15 (Years)

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

18. Birthplace (city or place) Mexico  
(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 1  
(b) Born alive but now dead 0  
(c) Stillborn 0

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 alive at 3:30 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.  
Given name added from a supplemental report

Signature J. Harper, M.D.  
(Physician or midwife)

Address Globe, Ariz.

Month, day, year

Filed 3-10 1924 B. G. Gray  
Local Registrar.  
Filed 4-5 1924 B. G. Gray  
County Registrar.

Registrar.

736-306-449

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