PERMANENT RECORD

WRITE PLAINLY WITH UNFADING INK

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.

PLACE OF BIRTH

1. County of Gila

District of

Town of Miami

or

City of ..... No. ..... St. ..... Ward

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 147

County Registrar No. 511

Local Registrar No.

2. Full name of child Baby Castillo

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: yes

7. Date of birth: Oct. 20-1924. (Month day year)

FATHER

3. Full name: Ignacio Castillo

9. Residence (Usual place of abode): Miami

If nonresident, give place and state: Ariz.

10. Color or race: Mex.

11. Age at last birthday: 40 (Years)

12. Birthplace (city or place): Durango

(State or country): Mex.

13. Occupation

Nature of industry: Miner

MOTHER

14. Full maiden name: Casimira Sanceda

15. Residence (Usual place of abode): Miami.

If nonresident, give place and state: Ariz.

16. Color or race: Mex.

17. Age at last birthday: 28 (Years)

18. Birthplace (city or place): Durango

(State or country): Mex.

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

(b) Born alive but now dead

(c) Stillborn

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 stillborn (~~Born alive or stillborn~~) at 8 0 m. on the date above stated.

*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: Cyril M. Crow M.D. (Physician ~~or midwife~~)

Address: Miami, Ariz.

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

Registrar.

Filed Oct 31, 1924 [illegible] Local Registrar.

Filed 11-5 1924 [illegible] County Registrar.

036-1020-326