

WRIT ONLY WITH UNFADING INK—THIS IS A RETURN. A SEPARATE RETURN must be made for each, and the number of each in order of birth stated.

V

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Gila  
District of \_\_\_\_\_  
Town of Miami  
or \_\_\_\_\_  
City of \_\_\_\_\_

BUREAU OF VITAL STATISTICS  
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 170a  
County Registrar No. \_\_\_\_\_  
Local Registrar No. 649

No. 3505 Turkey Shoot Canon Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)  
2. Full name of child Euphemia Castenada { 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. \_\_\_\_\_ 6. Legitimate? yes  
5. No., in order of birth. \_\_\_\_\_ 7. Date of birth Mar. 20, 1926  
Month Day Year

8. FATHER  
Full name Ricardo Castenada  
9. Residence (Usual place of abode) Miami, Arizona  
If non-resident, give place and state. Arizona  
10. Color or race Mex.  
11. Age at last birthday 35 (Years)  
12. Birthplace (city or place) Morenci, Arizona  
(State or country)  
13. Occupation  
Nature of industry Miner

14. MOTHER  
Full maiden name Candelaria Padilla  
15. Residence (Usual place of abode) Miami, Arizona  
If non-resident, give place and state. Arizona  
16. Color or race Mex.  
17. Age at last birthday 25 (Years)  
18. Birthplace (city or place) Morenci, Arizona  
(State or country)  
19. Occupation  
Nature of industry Housewife

20. Number of children of this mother } (a) Born alive and now living 4  
(Taken as of time of birth of child herein certified and including this child.) } (b) Born alive but now dead 2  
} (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 born at 9 A. 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 Cyril M. Brown M.D. (Physician or midwife)  
Address Miami, Arizona

Given name added from a supplemental report \_\_\_\_\_ Filed June 4, 1926  
Month, day, year \_\_\_\_\_ Local Registrar C. E. Iron

\_\_\_\_\_  
Registrar \_\_\_\_\_ Filed \_\_\_\_\_ 19 \_\_\_\_\_ County Registrar \_\_\_\_\_

531-370-371