

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 of each in order of birth entered.

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Yuma
 District of _____
 Town of Miami
 or _____
 City of _____

BUREAU OF VITAL STATISTICS
 ORIGINAL CERTIFICATE OF BIRTH

State Index No. 100
 County Registrar No. _____
 Local Registrar No. 688

No. 4133 Kent St. Millmore Ward _____
 (If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Roberto Casillas
 (If child is not yet named, make supplemental report, as directed.)

3. Sex of Child Male } 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 June 6, 1926
 Month Day Year

8. FATHER
 Full name Manuel Casillas
 9. Residence (Usual place of abode) Miami, Arizona
 If non-resident, give place and state.
 10. Color or race Mex.
 11. Age at last birthday 32 (Years)

14. MOTHER
 Full maiden name Juachin Becerra
 15. Residence (Usual place of abode) Miami, Arizona
 If non-resident, give place and state.
 16. Color or race Mex.
 17. Age at last birthday 20 (Years)

12. Birthplace (city or place) Jalisco, Mex.
 (State or country)
 13. Occupation
 Nature of Industry Miner

18. Birthplace (city or place) Jalisco, Mex.
 (State or country)
 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 _____
 (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 12¹⁵ 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.
 Address Miami, Arizona
 (Physician or midwife)

Given name added from a supplemental report _____
 Month, day, year _____
 Filed July 7, 1926 _____
 Registrar _____ Local Registrar L. E. Dwin
 County Registrar _____

932-606-121