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 stated.

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 104a
County Registrar No.
Local Registrar No. 735

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)

2. Full name of child Maximino Castillo (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 8, 1926. (Month Day Year)

8. FATHER
Full name Ygnacio Castillo
9. Residence (Usual place of abode) Miami
If non-resident, give place and state. Arizona
10. Color or race Mex.
11. Age at last birthday 46 (Years)
12. Birthplace (city or place) Durango
(State or country) Mex.
13. Occupation
Nature of industry Miner

14. MOTHER
Full maiden name Casimira Saucedo
15 Residence (Usual place of abode) Miami
If non-resident, give place and state. Arizona
16 Color or race Mex.
17. Age at last birthday 30 (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 5
(b) Born alive but now dead 4
(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 (Born alive or stillborn) at 6 15 A. 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 evidence 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
Filed Aug 3, 1926 C. E. Jim
Local Registrar.

Registrar
Filed , 19
County Registrar.

436-608-326