

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Yuma

District of _____

Town of _____

or

City of YumaBUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTHState Index No. 175County Registrar No. 783

Local Registrar No. _____

No. 815 Live Oak St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)2. Full name of child Maria Encarnacion Castanon 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 Aug 15 - 1926
Month Day Year8. FATHER
Full name Pedro Castanon14. MOTHER
Full maiden name Evaresta Zuniga9. Residence (Usual place of abode) Yuma, Ariz
If non-resident, give place and state.15. Residence (Usual place of abode) Yuma, Ariz
If non-resident, give place and state.10. Color or race Mexican
11. Age at last birthday 38 (Years)16. Color or race mexican
17. Age at last birthday 33 (Years)12. Birthplace (city or place) Mexico
(State or country)18. Birthplace (city or place) Mexico
(State or country)13. Occupation
Nature of industry miner19. Occupation
Nature of industry Housewife20. 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 3
(b) Born alive but now dead none
(c) Stillborn none21. 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 or ~~dead~~) at 2 9 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 D. J. Hotelius
(Physician or midwife)Address Yuma, ArizGiven name added from a supplemental report
Month, day, yearFiled Aug 17, 1926 Local Registrar. Le O. Diner

Registrar _____

Filed _____, 19 _____

County Registrar _____

435-815-591

case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of order of birth stated.