

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.

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Gila

BUREAU OF VITAL STATISTICS

State Index No. 110

District of _____

ORIGINAL CERTIFICATE OF BIRTH

County Registrar No. _____

Town of _____

Local Registrar No. 200

or Globe

City of Globe No. Primal Street St. _____ Ward _____

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

2. Full name of child Esther 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. no 6. Legitimate? yes 7. Date of birth Sept. 2, 1926
Month day year

3. FATHER
Full name Enrique Castillo

14. MOTHER
Full maiden name Guadalupe Morones

9. Residence (Usual place of abode) Globe, Arizona
If nonresident, give place and state

15. Residence (Usual place of abode) Globe, Ariz.
If nonresident, give place and state

10. Color or race Mexican 11. Age at last birthday 40 (Years)

16. Color or race Mexican 17. Age at last birthday 26 (Years)

12. Birthplace (city or place) Mexico
(State or country)

18. Birthplace (city or place) Mexico
(State or country)

13. Occupation
Nature of industry Miner

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 three
(b) Born alive but now dead one
(c) Stillborn none

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 alive at 12:05 p.m. on the date above stated.
(Born alive or stillborn.)

Signature T. T. Harper, M.D.
(Physician or midwife)
Address Globe, Arizona

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

Filed _____ 19 _____
Local Registrar.
Filed 9/30 26 S. S. Horst
County Registrar.

536-902-1742