

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

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

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 120
County Registrar No. 974
Local Registrar No. _____

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

2. Full name of child Natalia Castro { 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 Dec. 2, 1926 Month Day Year

8. FATHER
Full name Camilo Castro
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 28 (Years)
12. Birthplace (city or place) Sonora, Mex.
(State or country)
13. Occupation Miner
Nature of Industry Mining

14. MOTHER
Full maiden name Isabelle Calle
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 26 (Years)
18. Birthplace (city or place) Sonora, Mex.
(State or country)
19. Occupation Housewife
Nature of industry

20. Number of children of this mother (a) Born alive and now living 1 (b) Born alive but now dead _____ (c) Stillborn _____
(Taken as of time of birth of child herein certified and including this child.)
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 5 P. 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 Jan 7, 1927 L. E. Davis Local Registrar.

Registrar

Filed _____, 19____

County Registrar.

536-1702-933