ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

PLACE OF BIRTH

1. County of Gila

District of

Town of

or

City of Globe No. St. Ward

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

State Index No. 133

County Registrar No.

Local Registrar No. 91

2. Full name of child Baby 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: —

5. No., in order of birth: —

6. Legitimate? yes

7. Date of birth: June 3, 1928 (Month day year)

FATHER	MOTHER
8. Full name: Enrique Castillo	14. Full maiden name: Guadalupe Morones
9. Residence (Usual place of abode): Globe, Ariz. 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: 35 (Years)	16. Color or race: Mexican — 17. Age at last birthday: 27 (Years)
12. Birthplace (city or place) (State or country): Mexico	18. Birthplace (city or place) (State or country): Mexico
13. Occupation: Nature of industry: Laborer	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: None
(c) Stillborn: One

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 dead (Born alive or stillborn.) at 12:30 P.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 evidences of life after birth.

Signature: T. C. Harper (Physician ~~or midwife~~)

Address: Globe, Ariz.

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

Filed 7/9, 1928 G. E. Wightman Local Registrar.

Registrar.

Filed ....., 19.... County Registrar.

036-603-742

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.