

affidavit attached.

ARIZONA STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
STANDARD CERTIFICATE OF BIRTH

State File No. 112  
Registered No. 553

1. PLACE OF BIRTH

County Gila State Arizona

District or Township \_\_\_\_\_ or Village \_\_\_\_\_

City Miami No. 5 Porto Rico Hill St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Socorra Castañada 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. 7 - 1928  
Month Day Year

8. FATHER Full name Juan Castañada

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 22 (Years)

12. Birthplace (city or place) Globe, Arizona  
(State or country)

13. Occupation Clerk  
Nature of industry Piggly Wiggly Store

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 \_\_\_\_\_  
(b) Born alive but now dead \_\_\_\_\_  
(c) Stillborn \_\_\_\_\_

14. MOTHER Full maiden name Paulina Aguirre

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 22 (Years)

18. Birthplace (city or state) Magistral, Sonora, Mex.  
(State or country)

19. Occupation \_\_\_\_\_  
Nature of industry Housewife

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 1:30 A.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 returns. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature Byril M. Cronin Physician  
(Physician or midwife)

Given name added from a supplemental report \_\_\_\_\_ Address Miami, Arizona

Month, day, year

Filed Jan 10, 1929 L. E. Dorn Registrar.

Registrar.

231-1207-715