

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

State File No. 200
Registered No. 135

1. PLACE OF BIRTH

County Gila State Arizona
District or Township _____ or Village _____
City Miami No. 408 Olive St St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Phillips Castillo { If child is not yet named, make supplemental report, as directed.

3. Sex of Child Male 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 Mar. 26-1929
Month Day Year

8. FATHER
Full name Phillips Castillo
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 31 (Years)
12. Birthplace (city or place) Chihuahua Mex.
(State or country) _____
13. Occupation
Nature of industry Miner

14. MOTHER
Full maiden name Eva Mendez
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 27 (Years)
18. Birthplace (city or place) Chihuahua Mex.
(State or country) _____
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 3
(b) Born alive but now dead 0
(c) Stillborn _____
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 12:15 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 return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.
Signature Lynel M. Brown M.D.
Physician (Physician or midwife)

Given name added from a supplemental report _____ Address Miami, Arizona
Month, day, year _____ Filed Apr 5 1929 D. E. Dwin
Registrar Registrar

736-326-549

number of each in
more than one child at a birth, a SEPARATE RETURN must
be of
order of birth stated.