

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

State File No. 134
Registered No. 274

1. PLACE OF BIRTH

County Gila State Arizona
District or Township _____ or Village _____
City Miami No. 1028 Sullivan St. Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Dorothy Casas { 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. Legitimate? yes 6. Date of birth June 10 - 1929
Month Day Year

8. FATHER
Full name Juan Pablo Casas
9. Residence (Usual place of abode) Miami
If non-resident, give place and state. Arizona

14. MOTHER
Full maiden name Luz Alvarez
15. Residence (Usual place of abode) Miami
If non-resident, give place and state. Arizona

10. Color or race Mex. 11. Age at last birthday 22 (Years)

16. Color or race Mex. 17. Age at last birthday 20 (Years)

12. Birthplace (city or place) Durango
(State or country) Mex.

18. Birthplace (city or place) Guamapial
(State or country) Mex.

Occupation
Nature of Industry miner

Occupation
Nature of Industry Housewife

Number of children of this mother 1 taken as of time of birth of child herein certified and including this child. (a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn 0 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 9:30 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 return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.
Signature Cyril M. Brown M.D.
Physician
(Physician or midwife)

Address Miami, Arizona

Month, day, year _____
Registrar June 20 29 C. E. Dinn
Filed _____, 19 _____ Registrar

432-1-10-319

N. E.—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.