

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

State File No. 145
 Registered No. 142

1. PLACE OF BIRTH

County Gila State Arizona

District or Township _____ or Village _____

City Miami No. 1216 Sullivan St. _____ Ward _____

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

2. Full name of child Rosina Garcia (If child is not yet named, make supplemental report, as directed.)

3. Sex of Child <u>Girl</u>	To be answered ONLY in event of plural births.	4. Twin, triplet or other _____	6. Legitimate? <u>Yes</u>	7. Date of birth <u>Apr. 10 1927</u> Month Day Year
		5. No., in order of birth _____		

8. FATHER
 Full name Juan Garcia

14. MOTHER
 Full maiden name Ysabel Espinosa

9. Residence 1216 Sullivan St
 (Usual place of abode)
 If non-resident, give place and state.

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 (Usual place of abode)
 If non-resident, give place and state.

10. Color or race Mexican
 11. Age at last birthday 27 (Years)

16. Color or race Mexican
 17. Age at last birthday 27 (Years)

12. Birthplace (city or place) Mayagua
 (State or country) Zacatecas Mexico

18. Birthplace (city or place) Mayagua
 (State or country) Zacatecas Mexico

13. Occupation Miner
 Nature of industry _____

19. Occupation Housewife
 Nature of industry _____

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 <u>3</u> (b) Born alive but now dead _____ (c) Stillborn _____	21. Were precautions taken against ophthalmia neonatorum? <u>Yes</u>
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CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive at 10:30 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 Rosa Cortez
 (Physician or midwife)

Given name added from a supplemental report _____
 Address 708 Sullivan St
 Month, day, year _____
 Filed Apr 15 1927 Registrar L. E. J. J.

971-410-851

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