

CERTIFICATE AMENDED  
SEE NOTATION

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

Item 2 Amended by aff of Regt  
by *B. E. Davis* 1927

State File No.

Registered No. 161

1. PLACE OF BIRTH

County Gila State Arizona  
District or Township \_\_\_\_\_ or Village \_\_\_\_\_  
City Miami No. 12 Grover Canon Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Margaret E. Garcia (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 Apr. 22-1927  
Month Day Year

8. FATHER  
Full name Manuel Garcia

14. MOTHER  
Full maiden name Amelia Charra

9. Residence (Usual place of abode) Miami Arizona  
If non-resident, give place and state.

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If non-resident, give place and state.

10. Color or race Mex. 11. Age at last birthday 24 (Years)

16. Color or race Mex. 17. Age at last birthday 19 (Years)

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

18. Birthplace (city or place) Durango, Mex.  
(State or country)

13. Occupation  
Nature of Industry Miner

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 2  
(b) Born alive but now dead \_\_\_\_\_  
(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 at 10 P. 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 Beryl M. Teron M.D.  
Physician  
(Physician or midwife)

Given name added from a supplemental report \_\_\_\_\_  
Month, day, year \_\_\_\_\_

Address Miami, Arizona

Filed May 10, 1927 B. E. Davis  
Registrar Registrar

471-422-151

MADE TO ORDER AT A BIRTH, A SEPARATE RETURN IN ORDER OF BIRTH STATED.