

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 123

Registered No. 196

1. PLACE OF BIRTH

County Gila State Arizona

District or Township _____ or Village _____

City Globe No. _____ St. _____ Ward _____

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

2. Full name of child _____

{ 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 Sept 6 - 1927 Month Day Year

8. FATHER Full name Antonio Garcia

14. MOTHER Full maiden name Beatrice Pina

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

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

10. Color or race Mex 11. Age at last birthday 21 (Years)

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

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

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

13. Occupation Nature of Industry Miner

19. Occupation Nature of Industry Housewife

20. Number of children of this mother One (Taken as of time of birth of child herein certified and including this child.) (a) Born alive and now living One (b) Born alive but now dead None (c) Stillborn None 21. Were precautions taken against ophthalmia neonatorum? _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was female at 59 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 D. B. Madson (Physician or midwife).

Given name added from a supplemental report _____ Address Globe Arizona

Month, day, year _____ Filed Sept 30, 1927 D. St. Hont Registrar

Registrar

Registrar

071-906-271

order of birth stated.