

AMENDMENT ATTACHED 4-20-1966, *Amey*

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

State File No. *1445*
Registered No. *1445*

1. PLACE OF BIRTH

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

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

3. Sex of Child *girl* 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 *September 24 1927* of birth Month Day Year

8. FATHER
Full name *Royes Garcia*
9. Residence (Usual place of abode) *grover canyon*
If non-resident, give place and state.

10. Color or race *mexican*
11. Age at last birthday *47* (Years)

12. Birthplace (city or place) *Salatecas del conebcion oro*
(State or country)

13. Occupation
Nature of industry *pool hall*

14. MOTHER
Full maiden name *Tranquiling Jones*
15. Residence (Usual place of abode) *grover canyon*
If non-resident, give place and state.

16. Color or race *mexican*
17. Age at last birthday *35* (Years)

18. Birthplace (city or place) *concepcion del orosacatecos*
(State or country)

19. Occupation
Nature of industry *Domestic*

20. Number of children of this mother *10* (Taken as of time of birth of child herein certified and including this child.) (a) Born alive and now living *5* (b) Born alive but now dead *2* (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 *5:45* 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 *Juan de Martinez*
Blaypool (Physician or midwife)

Given name added from supplemental report _____ Address _____

Month, day, year _____ Filed *Sept 20, 27* *L. E. J...* Registrar

Registrar

671-914-372