

## PLACE OF BIRTH

1. County of Gila  
 District of \_\_\_\_\_  
 Town of Miami  
 or \_\_\_\_\_  
 City of \_\_\_\_\_

## ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS  
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 163  
 County Registrar No. 452  
 Local Registrar No. \_\_\_\_\_

No. E-43 Davis Cyn St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (If birth occurred in a hospital or institution, give its NAME instead of street and number)  
 2. Full name of child Christina Garcia (If child is not yet named, make supplemental report, as directed.)

3. Sex of Child } To be answered ONLY } 4. Twin, triplet or other \_\_\_\_\_ } 6. Legitimate? \_\_\_\_\_ }  
 in event of plural } } } } }  
 births. } } } } }  
female } } } } }  
 5. No., in order of birth 4-2 } 7. Date Oct 25 1927  
 of birth } } } } }  
 Month Day Year

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

10. Color or race Mexican  
 11. Age at last birthday 39 (Years)

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

13. Occupation Laborer  
 Nature of industry various jobs

20. Number of children of this mother } (a) Born alive and now living 4  
 (Take as of time of birth of child herein } (b) Born alive but now dead 0  
 certified and including this child.) } (c) Stillborn 0

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

16. Color or race Mexican  
 17. Age at last birthday 28 (Years)

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

19. Occupation Housewife  
 Nature of industry \_\_\_\_\_

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 alive at 11:30 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 J. J. Miller (Physician or midwife)

Address Miami, Arizona

Given name added from \_\_\_\_\_  
 a supplemental report. Filed Oct 30 1927 Lo. E. J. J. J.  
 Month, day, year

Local Registrar.

Registrar

Filed \_\_\_\_\_, 19\_\_\_\_

County Registrar.

371-1025-121