

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

234188  
 State File No. \_\_\_\_\_  
 Registered No. 107

**1. PLACE OF BIRTH.**

County Sulph State Arizona  
 District or Township \_\_\_\_\_ or Village \_\_\_\_\_  
 City Miami Globe No. R #1 Central High St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (If birth occurred in a hospital or institution, give its NAME instead of street and number)

If child is not yet named, make supplemental report, as directed.

**2. Full name of child** \_\_\_\_\_

3. Sex of Child <u>male</u>	To be answered ONLY in event of plural births.	4. Twin, triplet or other. _____	5. No., in order of birth _____	6. Legitimate? <u>Yes</u>	7. Date of birth <u>January 20 - 1930</u> Month Day Year
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**8. FATHER**  
 Full name Manuel Garcia  
 9. Residence (Usual place of abode) Globe Arizona  
 If non-resident, give place and state. Central High  
 10. Color or race Mexican  
 11. Age at last birthday 23 (Years)  
 12. Birthplace (city or place) Sananea  
 (State or country) Sonora - Mexico  
 13. Occupation miner  
 Nature of industry \_\_\_\_\_

**14. MOTHER**  
 Full maiden name Marcelina Garcia  
 15. Residence (Usual place of abode) Central High  
 If non-resident, give place and state. Globe Arizona  
 16. Color or race Mexican  
 17. Age at last birthday 18 (Years)  
 18. Birthplace (city or place) Cozas Grandes  
 (State or country) Chihuahua Mexico  
 19. Occupation house wife  
 Nature of industry \_\_\_\_\_

20. Number of children of this mother. <u>1</u> (Taken as of time of birth of child herein certified and including this child).	(a) Born alive and now living. <u>1</u> (b) Born alive but now dead. <u>1</u> (c) Stillborn. <u>0</u>	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 born alive at 11 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 J. Jimenez Alvares M.D.  
P.O. Box 1666 Miami Ariz  
 (Physician or midwife).

Given name added from a supplemental report \_\_\_\_\_ Address \_\_\_\_\_  
 Month, day, year \_\_\_\_\_  
 Filed Jul 11, 1930 Dr. E. Jimenez  
 Registrar. Registrar.

071-170-471

order of birth stated.