

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in

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

State File No. 197
Registered No. 122

1. PLACE OF BIRTH

County Pima State Ariz.
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 Antonio Garcia { 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 June 23 1930
Month Day Year

8. FATHER Full name Antonio Garcia

14. MOTHER Full maiden name Carmen Salinas

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

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

10. Color or race Mex.

11. Age at last birthday 27 (Years)

16. Color or race Mex.

17. Age at last birthday 20 (Years)

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

18. Birthplace (city or place) Globe, Ariz.
(State or country)

13. Occupation Laborer
Nature of industry

19. Occupation Housewife
Nature of industry

20. Number of children of this mother 2
(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 0
(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 12:00 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 T. C. Harper
Physician
(Physician or Midwife)

Given name added from a supplemental report _____
Month, day, year

Address Globe, Arizona

Filed 7/9 1930 W. E. Slight Registrar

171-623-322