

# ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS  
STANDARD CERTIFICATE OF BIRTH

State File No. 454  
Registered No. 454

210

1. PLACE OF BIRTH  
County Gila State Arizona  
District or Township \_\_\_\_\_ or Village \_\_\_\_\_  
City Miami No. 65 Grover Canyon St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)  
2. Full name of child Apollinaria 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 of birth July 23 1930  
Month Day Year

8. FATHER  
Full name Ruyes Garcia  
9. Residence 65 Grover Canyon  
(Usual place of abode)  
If non-resident, give place and state.  
10. Color or race Mexican  
11. Age at last birthday 45 (Years)  
12. Birthplace (city or place) Zacatecas  
(State or country) Mexico  
13. Occupation Miner  
Nature of Industry \_\_\_\_\_

14. MOTHER  
Full maiden name Trancalina Gomez  
15. Residence 65 Grover Canyon  
(Usual place of abode)  
If non-resident, give place and state.  
16. Color or race Mexican  
17. Age at last birthday 42 (Years)  
18. Birthplace (city or place) El Oro  
(State or country) Zacatecas Mexico  
19. Occupation Housewife  
Nature of Industry \_\_\_\_\_

20. Number of children of this mother. \_\_\_\_\_ } (a) Born alive and now living 11  
(Taken as of time of birth of child herein } (b) Born alive but now dead \_\_\_\_\_  
certified and including this child.) } (c) Stillborn \_\_\_\_\_  
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 2:30 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 Rosario Cortez  
(Physician or midwife)

Given name added from a supplemental report \_\_\_\_\_ Address 806 Sullivan St  
Month, day, year \_\_\_\_\_ Filed July 30 1930  
Registrar \_\_\_\_\_ Registrar \_\_\_\_\_

171-723-371

origin in order of birth stated.