ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 142

Registered No. 15

PLACE OF BIRTH

County Gila State Arizona

District or Township ..... or Village Central Heights

City Miami No. R.F.D. No. 1 - Globe-Ariz St., ... Ward

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Manuel Luciano 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 Jan. 8 - 1931 (Month Day Year)

FATHER	MOTHER
8. Full name Manuel Garcia	14. Full maiden name Marcelina Garcia
9. Residence (Usual place of abode) Miami; If non-resident, give place and state. Arizona	15. Residence (Usual place of abode) Miami; If non-resident, give place and state. Arizona
10. Color or race Mex; 11. Age at last birthday 24 (Years)	16. Color or race Mex; 17. Age at last birthday 18 (Years)
12. Birthplace (city or place) Cananea, (State or country) Son. Mex.	18. Birthplace (city or place) Casas Grandes (State or country) Chih. Mex.
13. Occupation Leaching plant; Nature of Industry Insp. Con. Cop. Co.	19. Occupation Nature of Industry Housewife

20. Number of children of this mother..... (Taken as of time of birth of child herein certified and including this child.) 3 — (a) Born alive and now living 3; (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 (Born alive or stillborn) at 3 A. m. on the date above stated.

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 Cyril M. Crow M.D. (Physician or ~~midwife~~.)

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

Address Miami, Arizona

Filed Jan 15 1931 C. E. [illegible] Registrar.

Registrar.

471 - 108 - 471