

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 179

Registered No. 31

1. PLACE OF BIRTH

County Green

State

District or Township

or Village

City

No.

(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 Bliss Garcia

3. Sex of Child Male

To be answered ONLY in event of plural births.

4. Twin, triplet or other

6. Legitimate? Yes

7. Date of birth

June 22 1931
Month Day Year

5. No., in order of birth

8. FATHER

Full name

FATHER

14. MOTHER

Full maiden name

9. Residence (Usual place of abode)

(Usual place of abode)

15. Residence (Usual place of abode)

(Usual place of abode)

If non-resident, give place and state.

If non-resident, give place and state.

10. Color or race

11. Age at last birthday (Years)

16. Color or race

17. Age at last birthday (Years)

12. Birthplace (city or place)

(State or country)

18. Birthplace (city or place)

(State or country)

13. Occupation

Nature of Industry

19. Occupation

Nature of Industry

20. Number of children of this mother

(Taken as of time of birth of child herein certified and including this child.)

(a) Born alive and now living

(b) Born alive but now dead

(c) Stillborn

21. Were precautions taken against ophthalmia neonatorum?

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at _____ 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

(Physician or midwife.)

Given name added from a supplemental report.

Month, day, year

Address

Filed Jan 15 1931

19. 31

Registrar.

Registrar.

571-122-981

5 SEPA each in order of birth stated.