

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 147
Registered No. 31

1. PLACE OF BIRTH

County Yuma State Arizona

District or Township _____ or Village _____

City Winkelman Hayden St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child REYNOLDO 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 1st
6. Legitimate Yes 7. Date of birth April 27 1931
Month Day Year

8. FATHER
Full name Lucia Garcia
9. Residence (Usual place of abode) Hayden
If non-resident, give place and state.

14. MOTHER
Full maiden name Emilia Vega
15. Residence (Usual place of abode) Hayden
If non-resident, give place and state.

10. Color or race Mex
11. Age at last birthday 35 (Years)

16. Color or race _____
17. Age at last birthday 32 (Years)

12. Birthplace (city or town) Durango
(State or country) Mex

18. Birthplace (city or town) Durango de Guadalupe
(State or country) Mex

13. Occupation Laborer
Nature of Industry Copper smelter

19. Occupation Housewife
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 8
(b) Born alive but now dead 0
(c) Stillborn 0

21. Were precautions taken against opthalmia neonatorum? Yes

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 Charles H. Heston
(Physician or midwife)

Given name added from a supplemental report _____ Address Hayden Ariz
Month, day, year _____ Filed ap 28 31 W.D. Duff
Registrar Registrar

971-427-151

EACH IN ORDER OF BIRTH SEPARATE