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ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 311

Registered No.

1. PLACE OF BIRTH

County: Gila State: Arizona

District or Township: or Village: P.O. Box 1147 -

City: Miami No. 1116 Frederick St. St. Ward

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

2. Full name of child: Angela Garcia (If child is not yet named, make supplemental report, as directed.)

3. Sex of Child: Female

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: Oct. 2 - 1931. (Month Day Year)

8. FATHER

Full name: Jose Maria Garcia

9. 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)

12. Birthplace (city or place): Chihuahua

(State or country): Mex.

13. Occupation

Nature of industry: Miner

14. MOTHER

Full maiden name: Magdelina Pastor

15. Residence (Usual place of abode): Miami

If non-resident, give place and state: Arizona

16. Color or race: Mex.

17. Age at last birthday: 19 (Years)

18. Birthplace (city or place): Zacatecas

(State or country): Mex.

10. Occupation

Nature of industry: Housewife

20. Number of children of this mother: 1

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

(a) Born alive and now living: 1

(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 1 10 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. Cron M.D. (Physician or midwife)

Address: Miami, Arizona.

Given name added from a supplemental report

Month, day, year

171-1002-479

Registrar

Filed Oct 24, 1931 C. E. Irvin

Registrar

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 order of birth stated.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD