MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 139

Registered No. 322

1. PLACE OF BIRTH

County Gila State Arizona

Township ..... or Village .....

City Miami No. ..... St. ..... Ward

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

2. Full name of child Lola Garcia { If child is not yet named, make supplemental report, as directed

3. Sex female | If plural births { 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term ..... | 7. Legitimate? ..... | 8. Date of birth Oct 31, 1931 (Month, day, year)

FATHER

9. Full name Manuel Garcia

10. Residence (usual place of abode) (If nonresident, give place and State) Miami Arizona

11. Color or race Mex | 12. Age at last birthday 28 (Years)

13. Birthplace (city or place) ..... (State or country) Mexico

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Miner

16. Date (month and year) last engaged in this work ....., 19.....

17. Total time (years) spent in this work .....

MOTHER

18. Full maiden name Seferina Benitez

19. Residence (usual place of abode) (If nonresident, give place and State) Miami Arizona

20. Color or race Mex | 21. Age at last birthday 32 (Years)

22. Birthplace (city or place) ..... (State or country) Mexico

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. .....

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Housewife

25. Date (month and year) last engaged in this work ....., 19.....

26. Total time (years) spent in this work .....

27. Number of children of this mother (At time of this birth and including this child) 12 (a) Born alive and now living 5 (b) Born alive but now dead 8 (c) Stillborn .....

28. If stillborn, period of gestation ..... { months or weeks

29. Cause of stillbirth ..... { Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was bornalive at 10 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.

(Signed) ....., M. D.

or ....., Midwife

Address Miami Arizona

Given name added from a supplemental report ..... (Date of)

371-1031-229 Registrar.

Filed Oct 31, 1931 C. E. Dixon Registrar.