ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 104
Registered No. 3 8 9

1. PLACE OF BIRTH

County: Gila State: Arizona

District or Township: or Village: P.O. Box 324 - Miami - Ariz.

City: Miami No. 48 Grover Canon St. Ward
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child: Carnestina 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: Nov. 11 - 1931. (Month Day Year)

8. FATHER

Full name: Refugio 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: 36 (Years)

12. Birthplace (city or place): Jalisco (State or country): Mex.

13. Occupation: Miner

Nature of industry:

14. MOTHER

Full maiden name: Lorenzia Gallardo

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: 35 (Years)

18. Birthplace (city or place): Jalisco (State or country): Mex.

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.): 8
(a) Born alive and now living: 7
(b) Born alive but now dead: 0
(c) Stillborn:

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 11 P. m. on the date above stated.

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

Address: Miami, Arizona.

* 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.

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

Filed Dec 5, 1931 Charles E. Ilsnie Registrar

Registrar

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NOTE: IN THE 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.