ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 1170

Registered No. 37

1. PLACE OF BIRTH

County: Gila State: Arizona

District or Township: ... or Village: P. O. Box 574 Claypool Ariz.

City: Miami No. 90 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: Manuel Garcia Hernandez (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: ...

6. Legitimate? yes

7. Date of birth: Feb. 13th 1932 (Month Day Year)

8. FATHER

Full name: Juan Garcia Hernandez

9. Residence (Usual place of abode): Miami

If non-resident, give place and state: Arizona

10. Color or race: Hspanish

11. Age at last birthday: 38 (Years)

12. Birthplace (city or place): Turi, Almaria

(State or country): Spain

13. Occupation: Merchant

Nature of industry: ...

14. MOTHER

Full maiden name: Esperanza Hernandez

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: 24 (Years)

18. Birthplace (city or place): Michoacan

(State or country): Mex.

19. Occupation: Housewife

Nature of industry: ...

20. Number of children of this mother: 7

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

(a) Born alive and now living: 7

(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 8 P. m. on the date above stated.

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

Address: Miami, Arizona.

Filed Mch 11, 1932 C. E. Isaac Registrar

* 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 ... Registrar

489-213-589

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.