

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

State File No. 1449
 Registered No. 779

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 Valentina Garcia { If child is not yet named, make supplemental report, as directed

3. Sex girl If plural births _____ 4. Twin, triplet, or other _____ 5. Number, in order of birth _____
 6. Premature _____ Full term _____ 7. Legitimate? yes 8. Date of birth May 21, 1932
 (Month, day, year)

9. Full name of FATHER Juan Garcia 18. Full maiden name of MOTHER Sarina Limas

10. Residence (usual place of abode) groves canyon 19. Residence (usual place of abode) groves canyon
 (If nonresident, give place and State) (If nonresident, give place and State)

11. Color or race Mex 12. Age at last birthday 25 (Years) 20. Color or race Mex 21. Age at last birthday 20 (Years)

13. Birthplace (city or place) Adulto 22. Birthplace (city or place) Chihuahua
 (State or country) Chihuahua Mex (State or country) Chihuahua Mex

OCCUPATION	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	OCCUPATION	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.
	15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
	16. Date (month and year) last engaged in this work		25. Date (month and year) last engaged in this work
	17. Total time (years) spent in this work <u>7</u>		26. Total time (years) spent in this work _____

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 7 (b) Born alive but now dead _____ (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 born alive at 5 a. m. on the date above stated (Born alive or stillborn)

(Signed) Juan Martinez, M.D.
 or _____ Midwife
 Address Claypool Highway
 Filed May 22 1932 Registrar _____

When there was no attending physician or midwife, then the father, householder, etc., should make this return.
 Given name added from a supplemental report 571-521-232 (Date of)

N. R. - In case of error