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. 74

Registered No.

1. PLACE OF BIRTH

County Gila State

District or Township or Village

City Miami No. 123 Mix Canon Ward

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

2. Full name of child Isah Garcia (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 April 14 1933 (Month Day Year)

FATHER

8. Name Frank M Garcia

9. Residence (Usual place of abode) Miami

If non-resident, give place and state.

10. Color or race Mex 11. Age at last birthday (Years)

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

13. Occupation Nature of industry Unemployed

MOTHER

14. Full name Trinidad Chavez Chavez

15. Residence (Usual place of abode) Miami

If non-resident, give place and state.

16. Color or race Mex 17. Age at last birthday (Years)

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

19. Occupation Nature of industry Housewife

20. Number of children of this mother 4 (Taken as of time of birth of child here certified and including this child.) (a) Born alive and now living 4 (b) Born alive but now dead (c) Stillborn

21. Were precautions taken against ophthalmic neonatorum? Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive on at 5 PM 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 Nelson D Brayton Miami Ariz (Physician or midwife).

Given name added from a supplemental report 1 11 33 Month, day, year

Address

C. F. Perkins Registrar

Filed 19 Registrar

971-414-339