ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 82
Registered No.
Arizona

1. PLACE OF BIRTH

County Gila State Arizona

Township or Village

City Hinkelman St. Ward

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

2. Full name of child Manuel Antonio Garcia (If child is not yet named, make supplemental report, as directed)

3. Sex Male | 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 Apr 24, 1933 (Month, day, year)

FATHER

9. Full name Rafael Garcia

10. Residence (usual place of abode) (If non-resident, give place and State) Hinkelman

11. Color or race Mex | 12. Age at last birthday 33 (Years)

13. Birthplace (city or place) Hinkelman (State or country) Ariz

OCCUPATION

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

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

16. Date (month and year) last engaged in this work April, 1933

17. Total time (years) spent in this work 9

MOTHER

18. Full maiden name Dolores Ochoa

19. Residence (usual place of abode) (If non-resident, give place and State) Hinkelman

20. Color or race Mex | 21. Age at last birthday 33 (Years)

22. Birthplace (city or place) Phoenix (State or country) Ariz

OCCUPATION

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

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

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) (a) Born alive and now living 5 (b) Born alive but now dead 0 (c) Stillborn 0

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 or stillborn) at 5 of 1 m. on the date above stated

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Charles K Hirsch M. D.

or , Midwife

Address Hayden

Filed May 5th, 1933 P. L. Hutton Registrar.

Given name added from a supplemental report (Date of)

471-424-461 Registrar.

BM 5-17-32 MS-47048