ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 139

Registered No. 126

1. PLACE OF BIRTH

County: Gila State: ARIZONA

Township: or Village:

City: Miami No. 59 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: Jacquin 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. Is mother married? yes

8. Date of birth: August 16th, 1936. (Month, day, year)

FATHER

9. Full name: Isaac Garcia

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

11. Color or race: Mexican 12. Age at last birthday: 25 (Years)

13. Birthplace (city or place): Casas Grandes, Chih. (State or country): Mexico.

OCCUPATION

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

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: Copper mining

16. Date (month and year) last engaged in this work: August, 1936. 17. Total time (years) spent in this work: 1 Yr.

MOTHER

18. Full maiden name: Antonia Ortega

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

20. Color or race: Mexican 21. Age at last birthday: 26 (Years)

22. Birthplace (city or place): Jalisco, (State or country): Mexico.

OCCUPATION

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

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

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: two (b) Born alive but now dead: none (c) Stillborn: none

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 (Born alive or stillborn) at 2:10 P. m. on the date above stated

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

(Signed) Cyril M. Cron, M. D.

or CYRIL M. CRON M.D., Midwife

Address: Miami, Arizona.

Given name added from a supplemental report: 171-816-161 (Date of)

Registrar.

Filed August 25th, 1936. C. M. Cron Registrar.

10M 7-19-35 Form No. 2 MS

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.