1849

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. This certificate must be filed by the attending Physician or Midwife with the Local Registrar within 5 days after birth.

PLACE OF BIRTH

County of Gila

District of Arizona

Town of Winkelman
or
City of

ARIZONA ~~TERRITORIAL~~ State BOARD OF HEALTH

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BUREAU OF VITAL STATISTICS. Ter. Index No.

ORIGINAL CERTIFICATE OF BIRTH. Co. Register No. 54

Local Registrar's No. 62.

(No. St; Ward)

FULL NAME OF CHILD Adolph A. Garcia. Born Alive YES ~~NO~~

If child is not named, make Supplemental Report on blank obtainable from local registrar.

Sex of Child	Twin, Triplet or other	and	Number; in order of birth	Legitimate?	Date of Birth
Male	\		\	Yes	Feb. 23rd 1915 (Month) (Day) (Yr.)

FATHER		MOTHER	
Full Name	Antonio Garcia.	Full Maiden Name	Eloisa Figueroa.
Residence	Winkelman	Residence	Winkelman
Color or Race	Mexican	Color or Race	Mexican
Age at last Birthday	23 (Years)	Age at last Birthday	24 (Years)
Birthplace	U. S.	Birthplace	U. S.
Occupation	Carpenter.	Occupation	Housewife.

Number of child of this mother 1st | Number of children, of this mother, now living 1 | Were Precautions taken against Ophthalmia neonatorum? Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of above child; and that it occurred on, Feb. 23rd 1915, at 10:30 a. M

*When there is no attending physician or midwife, then the householder should make this return.

(Signature) M. G. Marden M.D.
(Attending physician, ~~midwife, householder.~~ *)

Given or christian name added from a supplemental report ..... 191__

Address Winkelman

Filed March 1915 H. P. Norman
LOCAL REGISTRAR.

Filed Apr 6 1915 B. G. Fox
COUNTY REGISTRAR.

COUNTY REGISTRAR