

49 18

PLACE OF BIRTH

County of Gila  
District of \_\_\_\_\_  
Town of Miami  
or  
City of \_\_\_\_\_

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS **131** State Index No. **911**  
ORIGINAL CERTIFICATE OF BIRTH Co. Register No. 344

Local Registrar's No. \_\_\_\_\_

FULL NAME OF CHILD Elias Garcia (No. \_\_\_\_\_ St; \_\_\_\_\_ Ward)  
If child is not named, make Supplemental Report on blank obtainable from local registrar. } Born } YES  
} Alive } NO

Sex of Child Male Twin, Triplet or other \_\_\_\_\_ and \_\_\_\_\_ Number in order of birth \_\_\_\_\_ Legitimate? Yes Date of Birth Dec. 7 1915  
(Month) (Day) (Yr.)

FATHER  
Full Name Elias Garcia  
Residence Miami  
Color or Race Spanish Age at last Birthday 22 (Years)  
Birthplace Spain  
Occupation Miner

MOTHER  
Full Maiden Name Dolores Silva  
Residence Miami  
Color or Race Mexican Age at last Birthday 18 (Years)  
Birthplace America  
Occupation Housewife

Number of child of this mother... 1 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 Dec. 7 1915, at 3 A.  
{ \*When there is no attending physician or midwife, then the householder should make this return. (Signature) [Signature]  
(Attending physician, midwife, householder. \*)

Given or christian name added from a supplemental report \_\_\_\_\_ 191\_\_\_\_\_

Address Miami, Ariz.  
John H. Lodge  
LOCAL REGISTRAR.

Filed Dec. 10 1915

Filed Jan 7 1916 A True Copy [Signature]  
COUNTY REGISTRAR.

571-1207-421  
COUNTY REGISTRAR.