

1547

PLACE OF BIRTH
 County of Gila
 District of _____
 Town of _____
 or _____
 City of Globe
 (No. _____ St. _____ Ward)

ARIZONA STATE BOARD OF HEALTH
 BUREAU OF VITAL STATISTICS

State Index No. 331
 Co. Registrar's No. 481
 Local Registrar's No. _____

ORIGINAL CERTIFICATE OF BIRTH

FULL NAME OF CHILD Virginia Garcia Born YES
 If child is not named, make Supplemental Report on blank obtainable from local registrar. Alive NO

Sex of Child Female Twin, Triplet or other _____ and Number in order of birth _____ Legitimate? yes Date of Birth Sept 14 1919
 Month Day Yr.

FATHER
 Full Name Ramon Garcia
 Residence Globe, Arizona
 Color or Race Mexican Age at last Birthday 23 Years
 Birthplace Mexico
 Occupation Laborer

MOTHER
 Full Maiden Name Maria Ravera
 Residence Globe, Arizona
 Color or Race Mexican Age at last Birthday 26 Years
 Birthplace Mexico
 Occupation Housewife

Number of child of this Mother 2 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 the above child; and that it occurred on Sept 14 1919, at 2:30 P.M.
 *When there is no attending physician or midwife, then the householder should make this return.
 Signature Alvin Kurnse M.D.
 Attending physician, midwife, householder.

Given or Christian name added from a supplemental report _____ 1919
 Address Globe, Arizona
 Filed SEP 26 1919 LOCAL REGISTRAR.
571-914-491 COUNTY REGISTRAR. Filed Oct 5 1919 A True Copy B.G. Jof COUNTY REGISTRAR.

OF MIDWIFE DATA STATE REGISTRAR