

ARIZONA STATE BOARD OF HEALTH
 BUREAU OF VITAL STATISTICS

PLACE OF BIRTH
 County of Gila State Index No. 1574
 District of _____ ORIGINAL CERTIFICATE OF BIRTH Co. Register No. 624
 Town of Miami Local Registrar's No. _____
 or _____
 City of _____ (No. _____ St.; _____ Ward)

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

Sex of Child	<u>Male</u>	Twin, Triplet or other		and	Number in order of birth	<u>2</u>	Legitimate?	<u>yes</u>	Date of Birth	<u>Nov. 9 - 1919</u>	
									(Month)	(Day) (Yr.)	
FATHER						MOTHER					
Full Name	<u>Francisco Garcia</u>					Full Maiden Name	<u>Pablo Garcia</u>				
Residence	<u>Miami, Arizona</u>					Residence	<u>Miami, Ariz.</u>				
Color or Race	<u>Mex</u>	Age at 1st Birthday	<u>33</u>	(Years)	Color or Race	<u>Mex</u>	Age at 1st Birthday	<u>23</u>	(Years)		
Birthplace	<u>Zacatecas - Mexico</u>					Birthplace	<u>Zacatecas - Mexico</u>				
Occupation	<u>Smelter man</u>					Occupation	<u>Housewife</u>				
Number of child of this mother	<u>2</u>	Number of Children, of this mother, now living	<u>2</u>	Were precautions taken against Ophthalmia neonatorum?	<u>yes</u>						

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of the above child; and that it occurred on Nov. 9 - 1919, at 8 A.M.

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

(Signature) Cyril M. Cran M.D.
 (Attending physician, midwife, householder.)*

Given or Christian name added from a supplemental report. _____ 191____

Address Miami, Ariz.
200 Brayton
 LOCAL REGISTRAR.

271-1109-771
 COUNTY REGISTRAR.

Filed Nov 30 1919
 Filed 11/22 1919

A True Copy
D. S. Jay
 COUNTY REGISTRAR.