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 each local Registrar within 5 days after birth.

PLACE OF BIRTH

County of Gila

District of

Town of

or

City of Miami

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 131

Co. Register No. 741

Local Registrar's No.

(No. St; Ward)

FULL NAME OF CHILD Zaul Garcia

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

Born / Alive: YES ~~NO~~

Sex of Child	Twin, Triplet or other	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Yr.)
Male				Yes	Dec 22 1919

FATHER		MOTHER	
Full Name	Albino Garcia	Full Maiden Name	Manuela Lorca
Residence	Miami	Residence	Miami
Color or Race	Mexican	Color or Race	Mexican
Age at last Birthday	28 (Years)	Age at last Birthday	24 (Years)
Birthplace	Galeana Mexico	Birthplace	Sabinal, Mexico
Occupation	Miner	Occupation	Housewife

Number of child of this mother 2 | Number of children, of this mother, now living 2 | 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 22 1920, at 10 a. M.

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

(Signature) C. I. Sotel M.D.

(Attending physician, midwife, householder.*)

Given or christian name added from a supplemental report 191

Address Miami Ariz

Filed Jan 2 1920

N. D. Brayton

LOCAL REGISTRAR.

971-1222-438

COUNTY REGISTRAR.

Filed Jan 26 1920

A True Copy

B. G. Dick

COUNTY REGISTRAR.