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PLACE OF BIRTH

County of Gila
District of Michalsman
Town of Winitelman
or
City of _____

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 157

Co. Register No. 51

Local Registrar's No. 1

FULL NAME OF CHILD Sarah Garcia

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

Born YES
Allve

Sex of Child Female Twin, Triplet or other _____ and Number in order of birth 1st Legitimate? yes Date of Birth Jan 11 1920
Month (Day) (Yr.)

FATHER
Full Name Jose M. Garcia
Residence Chilito
Color or Race Mexican Age at last Birthday 33 (Years)
Birthplace Mexico
Occupation miner

MOTHER
Full Maiden Name Lupe Wres
Residence Chilito
Color or Race Mexican Age at last Birthday 24 (Years)
Birthplace Arizona
Occupation House wife

Number of child of this mother... 4 Number of children, of this mother, now living... 4 Were precautions taken against Ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

hereby certify that I attended the birth of above child; and that it occurred on 11 Jan 1920, at 8 P.M.
*When there is no attending physician or midwife, then the householder should make this return.

(Signature) L. M. Tompkins
(Attending physician, midwife, householder,*)

Given or christian name added from a supplemental report _____ 191_____

Address Winitelman

271-111-341
COUNTY REGISTRAR.

Filed Jan 13 1920

H. J. Roberts
LOCAL REGISTRAR.

Filed Feb 7 1920

A True Copy
B. J. Loy
COUNTY REGISTRAR.