ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 160

Co. Registrar's No. 226

Local Registrar's No. .....

PLACE OF BIRTH

County of Gila

District of .....

Town of Miami

or

City of .....

(No. ..... St; ..... Ward)

FULL NAME OF CHILD Crescencio Garcia

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

Born Alive YES ~~NO~~

Sex of Child Male | ~~Twin~~, ~~Triplet~~ or other | and | Number in order of birth 3 | Legitimate? yes | Date of Birth April 19 - 1920. (Month Day Yr.)

FATHER		MOTHER	
Full Name	Francisco Garcia	Full Maiden Name	Leonore Diaz
Residence	Miami, Arizona	Residence	Miami, Arizona
Color or Race	Mex	Color or Race	Mex
Age at last Birthday	31 Years	Age at last Birthday	25 Years
Birthplace	Durango - Mex	Birthplace	Durango - Mex
Occupation	Miner	Occupation	Housewife

Number of child of this Mother 3 | 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 the above child; and that it occurred on April 19, 1920, at 5 A.M.

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

Signature Cyril M. Cron M.D.

Attending physician, ~~midwife, householder.~~*

Address Miami, Arizona

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

Filed 4/30/1920

T H Slaughter

LOCAL REGISTRAR.

371-419-349

COUNTY REGISTRAR.

Filed May 5 1920

A True Copy

B. G. [illegible]

COUNTY REGISTRAR.

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.