

1468

or midwife with each local Registrar within 5 days after birth.

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

PLACE OF BIRTH
County of Maricopa State Index No. 343
District of _____ ORIGINAL CERTIFICATE OF BIRTH Co. Registrar's No. 9463
Town of _____ Local Registrar's No. 7662
or _____
City of Phoenix (No. 11 E. Buchanan St.; _____ Ward)

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

Sex of Child <u>71</u>	Twin, Triplet or other <input type="checkbox"/>	and	Number in order of birth <u>1</u>	Legitimate? <input checked="" type="checkbox"/>	Date of Birth <u>Sept 12</u> 191 <u>20</u>
					Month Day Yr.

Full Name <u>Thomas Garcia</u>	FATHER	Full Maiden Name <u>Yvonne Alvarez</u>	MOTHER
Residence <u>11 E. Buchanan</u>		Residence <u>same</u>	
Color or Race <u>Mexican</u>	Age at last Birthday <u>49</u> Years	Color or Race <u>Mex</u>	Age at last Birthday <u>39</u> Years
Birthplace <u>Mexico</u>		Birthplace <u>Mex</u>	
Occupation <u>Laborer</u>		Occupation <u>Housewife</u>	

Number of child of this Mother 11 Number of Children, of this mother, now living 10 Were precautions taken against Ophthalmia neonatorum?

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of the above child; and that it occurred on Sept 12 1920 at 315 N. 2nd St.

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

Signature Fred G. Holman
Attending physician, midwife, householder.*

Address 219 Good

Given or Christian name added from a supplemental report _____ 19120

Filed Sept 16, 1920 Dr. H. K. Beauchamp LOCAL REGISTRAR.
A True Copy
Filed Sept 24 1920 Do. R. Carson COUNTY REGISTRAR.

071-912-812
COUNTY REGISTRAR.