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ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 1247

Co. Registrar's No. 702

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 Mercede Garcia | Born Alive | YES ~~NO~~

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

Sex of Child Male | ~~Twin~~, ~~Triplet~~ or other | and | Number in order of birth 14 | Legitimate? yes | Date of Birth Nov. 14 1920. (Month Day Yr.)

FATHER		MOTHER	
Full Name	Juan M. Garcia	Full Maiden Name	Josepha Flores
Residence	Miami, Arizona	Residence	Miami, Arizona
Color or Race	Mex	Color or Race	Mex
Age at last Birthday	43 Years	Age at last Birthday	32 Years
Birthplace	Juarez, Mexico	Birthplace	Juarez, Mexico
Occupation	Miner	Occupation	Housewife

Number of child of this Mother 14 | Number of Children, of this mother, now living 8 | 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 Nov. 14, 1920, at 4 A.M.

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

Signature Cyril M. Crow M.D.
Attending physician, ~~midwife, householder.~~*

Address Miami, Arizona

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

Filed 12/24/1920 T H Slaughter
LOCAL REGISTRAR.

471-1114-162
COUNTY REGISTRAR.

A True Copy
Filed 12-27 1920 B. G. Fox
COUNTY REGISTRAR.

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