4175

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 188

Co. Registrar's No. 173

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 Esperanza Garcia

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

Born Alive: YES ~~NO~~

Sex of Child: Female | ~~Twin~~, ~~Triplet~~ or other: | and | Number in order of birth: 4 | Legitimate? yes | Date of Birth: March 17 1921 (Month, Day, Yr.)

FATHER		MOTHER	
Full Name	Tranquilino Garcia	Full Maiden Name	Maria Casas
Residence	Miami, Arizona	Residence	Miami, Arizona
Color or Race	Mex	Color or Race	Mex
Age at last Birthday	45 Years	Age at last Birthday	26 Years
Birthplace	Guadalajara, Mex	Birthplace	Chihuahua, Mex
Occupation	Laborer	Occupation	Housewife

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*

I hereby certify that I attended the birth of the above child; and that it occurred on March 17, 1921, at 3 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, Ariz.

Given or Christian name added from a supplemental report _____ 191__

Filed Mar 31 1921

B. N. Haidy M.D.
LOCAL REGISTRAR.

A True Copy

Filed Apr 6 1921

B. G. [illegible]
COUNTY REGISTRAR.

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COUNTY REGISTRAR.

571-317-432