

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, the number of each, in order of birth, stated.

**ARIZONA STATE BOARD OF HEALTH**  
BUREAU OF VITAL STATISTICS  
ORIGINAL CERTIFICATE OF BIRTH

PLACE OF BIRTH  
1. County of Gila  
District of \_\_\_\_\_  
Town of Miami  
or  
City of \_\_\_\_\_  
No. Miami - Inspiration Hospital St. \_\_\_\_\_ Ward) (If birth occurred in a hospital or institution, give its NAME instead of street and number)

State Index No. 141  
Co. Registrar No. 334  
Local Registrar No. \_\_\_\_\_

2. Full name of child Mary Elizabeth Garga (If child is not yet named, make supplemental report, as directed)

3. Sex of child female To be answered ONLY in event of plural births. 4. Twin, triplet or other \_\_\_\_\_ 5. No., in order of birth \_\_\_\_\_ 6. Legitimate? yes 7. Date of birth July 24, 1922 (Month, day, year)

8. Full name of FATHER Alfred Eugene Garga 14. Full maiden name of MOTHER Kathryn Irene Alshury

9. Residence (Usual place of abode) Globe, Ariz. If nonresident, give place and State 15. Residence (Usual place of abode) Globe If nonresident, give place and State

10. Color or race American 11. Age at last birthday 24 (Years) 16. Color or race Amer. 17. Age at last birthday 20 (Years)

12. Birthplace (city or place) Texas (State or country) 18. Birthplace (city or place) Texas (State or country)

13. Occupation Bookkeeper Nature of Industry 19. Occupation Housewife Nature of Industry

20. Number of children of this mother (Taken as of time of birth of child here-in certified and including this child.) (a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn 0

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was alive at 9:15 a.m. on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature J. J. Nicolen (Physician or midwife)  
Address Miami, Arizona

Given name added from a supplemental report \_\_\_\_\_ (Month, day, year)  
471-724-218 Registrar.

Filed 7/31, 1922 B. W. Ward Local Registrar.  
Filed 8-5, 1922 B. J. J. J. County Registrar.