

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and 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 State Index No. 160  
District of \_\_\_\_\_ Co. Registrar No. 376  
Town of Miami Local Registrar No. \_\_\_\_\_  
or \_\_\_\_\_  
City of \_\_\_\_\_ No. 108 Grover Canyon St. \_\_\_\_\_ Ward) \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Garcia } If child is not yet named, make supplemental report, as directed

3. Sex of child <u>female</u>	To be answered ONLY in event of plural births.	4. Twin, triplet or other.	6. Legitimate? <u>yes</u>	7. Date of birth <u>Aug. 17, 1922</u> (Month, day, year)
8. Full name <u>Cleofe Garcia</u>	FATHER		14. Full maiden name <u>Juanita Gonzales</u>	
9. Residence <u>Miami, Arizona</u>	(Usual place of abode) If nonresident, give place and State		15. Residence <u>Miami, Ariz.</u>	
10. Color or race <u>Mexican</u>	11. Age at last birthday <u>24</u> (Years)	16. Color or race <u>Mexican</u>		17. Age at last birthday <u>16</u> (Years)
12. Birthplace (city or place) <u>Mexico</u>	(State or country)		18. Birthplace (city or place) <u>Mexico</u>	
13. Occupation <u>murder in Copper Mine</u>		19. Occupation <u>Housewife</u>		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 0 (b) Born alive but now dead 1 (c) Stillborn 1

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended <sup>at</sup> the birth of this child, who was stillborn at 6:30 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. Miller (Physician or midwife)  
Address Miami, Ariz.

Given name added from a supplemental report \_\_\_\_\_  
(Month, day, year)

Filed Aug 31, 1922 2203 Maad Local Registrar.  
Filed 9-7, 1922 B. S. Jip County Registrar.

Registrar. A. I. I. I. \* No medical attendant at time of birth