

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 1248

Registered No. 60

Arizona

1. PLACE OF BIRTH

County Gila State Arizona
 Township Hayden or Village _____
 City _____ No. _____ St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

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

Sex male If plural births _____ 4. Twin, triplet, or other _____ 6. Premature x 7. Legitimate? yes 8. Date of birth May 7, 1923
(Month, day, year)

9. Full name FATHER <u>Jose B Garcia</u> Residence (usual place of abode) (If non-resident, give place and State) <u>Hayden</u> Color or race <u>mex</u> 12. Age at last birthday <u>43</u> (Years)		18. Full maiden name MOTHER <u>Severiana Velazquez</u> Residence (usual place of abode) (If non-resident, give place and State) <u>Hayden</u> Color or race <u>mex</u> 21. Age at last birthday <u>42</u> (Years)	
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>yardwork</u> 15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____ 16. Date (month and year) last engaged in this work _____, 19____		22. Birthplace (city or place) (State or country) <u>mexico</u> 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>housewife</u> 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____ 25. Date (month and year) last engaged in this work _____, 19____	
17. Total time (years) spent in this work _____		26. Total time (years) spent in this work _____	

7. Number of children of this mother 5 (At time of this birth and including this child) (a) Born alive and now living 5 (b) Born alive but now dead _____ (c) Stillborn _____

8. If stillborn, period of gestation _____ { months or weeks } 29. Cause of stillbirth _____ { Before labor _____ During labor _____ }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at _____ 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.

(Signed) Severiana V Garcia, M.D.
 or mother, Midwife

Given name added from 371-507-259
(Date of supplemental report)

Address _____
 Filed Jun 29, 1923 WOT/ack
 Registrar _____ Registrar _____