

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
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

1. County of Gila District of _____ State Index No. 130a
Town of _____ County Registrar No. 629
or _____ Local Registrar No. 311
City of Hayden No. _____ St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

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

3. Sex of Child: M 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 June 7/23
Month day year

8. FATHER Full name <u>Apolonio Garcia</u>	14. MOTHER Full maiden name <u>Ysabel Sanchez</u>
9. Residence (Usual place of abode) <u>Hayden</u> If nonresident, give place and state _____	15. Residence (Usual place of abode) <u>Hayden</u> If nonresident, give place and state _____
10. Color or race <u>Mex</u>	16. Color or race <u>Mex</u>
11. Age at last birthday <u>41</u> (Years)	17. Age at last birthday <u>36</u> (Years)
12. Birthplace (city or place) <u>Mex</u> (State or country)	18. Birthplace (city or place) <u>Mex</u> (State or country)
13. Occupation <u>Assistant Engineer</u> Nature of industry _____	19. Occupation <u>H.M.</u> Nature of industry _____

20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.)
(a) Born alive and now living 9
(b) Born alive but now dead 3
(c) Stillborn 0

21. Were precautions taken against ophthalmia neonatorum? Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

Signature Fitz P. Armand
(Physician or midwife)
Address Hayden Ariz
Given name added from _____
a supplemental report _____
Month, day, year. _____

Filed Oct 10 1925 _____
Local Registrar.
Filed 11-7 1925 _____
County Registrar.

Registrar.

671-617-829