

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS ORIGINAL CERTIFICATE OF BIRTH

PLACE OF BIRTH
 1. County of Yuma
 District of _____
 Town of _____
 or
 City of Miami No. 55 Orphan St. Ward _____
 (If birth occurred in a hospital or institution, give its NAME instead of street and number)
 2. Full name of child Benjamin Garcia If child is not yet named, make supplemental report, as directed.

3. Sex of Child Male To be answered ONLY in event of plural births. 4. Twin, triplet or other _____ 5. No., in order of birth 1st 6. Legitimate? yes 7. Date of birth Sept-1-1923
 Month Day Year

8. FATHER
 Full name Ramon Garcia

14. MOTHER
 Full maiden name Guadalupe Torres

9. Residence (Usual place of abode) Miami Tex
 If nonresident, give place and state

15. Residence (Usual place of abode) Miami Tex
 If nonresident, give place and state

10. Color or race Mexican 11. Age at last birthday 26 (Years)

16. Color or race Mexican 17. Age at last birthday 18 (Years)

12. Birthplace (city or place) Mexico
 (State or country)

18. Birthplace (city or place) Pecos Altos
 (State or country) New Mexico

13. Occupation
 Nature of industry Miner

19. Occupation
 Nature of industry Housewife

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 none
 (b) Born alive but now dead none
 (c) Stillborn none

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 _____ at _____ m. on the date above stated.
 (Born alive or stillborn.)

Signature P. J. Doty M.D.
 Address Miami Tex
 *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.

Given name added from a supplemental report _____
 Month, day, year. _____
 Registrar. _____
 Filed Sept 30 1923 _____ Local Registrar.
 Filed 10-5 1920 _____ County Registrar.

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.

271-901-732