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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

State Index No. 133

County Registrar No. 349

Local Registrar No. _____

PLACE OF BIRTH

1. County of Gila

District of _____

Town of Miami Arizona

or

City of _____ No. _____ St. _____ Ward

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

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

3. Sex of Child: girl — 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: April 10 1924 (Month day year)

8. FATHER

Full name: Manuel Garcia

9. Residence (Usual place of abode): Lucky Shoot Miami

If nonresident, give place and state: Cay.

10. Color or race: Mexican

11. Age at last birthday: 26 (Years)

12. Birthplace (city or place): Bolaños St.

(State or country): Galisco

13. Occupation: Miner

Nature of industry: _____

14. MOTHER

Full maiden name: Maria Escobar

15. Residence (Usual place of abode): Miami

If nonresident, give place and state: Lucky Shoot

16. Color or race: Mexican

17. Age at last birthday: 24 (Years)

18. Birthplace (city or place): Bolaños

(State or country): St. Galisco

19. Occupation: _____

Nature of industry: _____

20. Number of children of this mother: 2 (Taken as of time of birth of child herein certified and including this child.)

(a) Born alive and now living: Yes

(b) Born alive but now dead: _____

(c) Stillborn: Yes

21. Were precautions taken against ophthalmia neonatorum?

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born (Born alive or stillborn.) at 7 a.m. on the date above stated.

*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 evidences of life after birth.

Signature: Rosa Cortez (Physician or midwife)

Address: Mexican Cayon 136

Given name added from a supplemental report _____ Month, day, year.

Filed Apr 30, 1924 — C. E. Irwin, Local Registrar.

Filed 6-8, 1924 — B. G. Lin, County Registrar.

_____ Registrar.

771-410-459