[redacted]

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 195
County Registrar No. 369
Local Registrar No.

PLACE OF BIRTH

1. County of Gila
District of Lower Miami
Town of Miami
or
City of ..... No. 65 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 Catalina Garcia } If child is not yet named, make supplemental report, as directed.

3. Sex of Child Female
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 30. 1924 (Month day year)

FATHER

8. Full name Sebastian Garcia
9. Residence (Usual place of abode) (Lower) Miami Arizona
If nonresident, give place and state
10. Color or race Mexican
11. Age at last birthday 20 (Years)
12. Birthplace (city or place) .....
(State or country) Mexico
13. Occupation None; common laborer
Nature of industry

MOTHER

14. Full maiden name Rosa Catalina
15. Residence (Usual place of abode) (Lower) Miami Arizona
If nonresident, give place and state
16. Color or race Mexican
17. Age at last birthday 20 (Years)
18. Birthplace (city or place) Thatcher
(State or country) Arizona
19. Occupation Housewife
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 2
(b) Born alive but now dead 1
(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 alive (Born alive or stillborn.) at 4.15 P 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 J. T. Millen (Physician or midwife)
Address Miami, Arizona

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

Filed May 31, 1924 C. E. Jones Local Registrar.
Filed 6-6, 1924 B. S. Lacy County Registrar.

371-430-931

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.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD