

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.

UNLAWFUL TO REPRODUCE OR TRANSMIT IN ANY MANNER WITHOUT THE WRITTEN PERMISSION OF THE BOARD OF HEALTH.

ARIZONA STATE BOARD OF HEALTH
 BUREAU OF VITAL STATISTICS
 ORIGINAL CERTIFICATE OF BIRTH

1. County of Esila
 District of _____
 Town of Miami
 or _____
 City of _____ No. _____ (If birth occurred in a hospital or institution, give its NAME instead of street and number)

State Index No. 106
 County Registrar No. 606
 Local Registrar No. _____

2. Full name of child Justolia 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 3

6. Legitimate? yes
 7. Date of birth Aug. 3-1924
 Month day year

| FATHER | | MOTHER | |
|--|--|---|---|
| 8. Full name <u>Modesto Garcia</u> | 14. Full maiden name <u>Jesus Amaya</u> | 9. Residence (Usual place of abode) <u>Miami</u> | 15. Residence (Usual place of abode) <u>Miami</u> |
| If nonresident, give place and state <u>Ariz.</u> | If nonresident, give place and state <u>Ariz.</u> | 16. Color or race <u>Mex.</u> | 17. Age at last birthday <u>24</u> (Years) |
| 11. Age at last birthday <u>23</u> (Years) | 18. Birthplace (city or place) <u>Chihuahua</u> | 12. Birthplace (city or place) <u>Chihuahua</u> | (State or country) <u>Mex.</u> |
| (State or country) <u>Mex.</u> | 19. Occupation <u>Housewife</u> | 13. Occupation _____ | Nature of industry _____ |
| Nature of industry <u>miner</u> | 20. Number of children of this mother (a) Born alive and now living <u>3</u> | (b) Born alive but now dead _____ | (c) Stillborn _____ |
| (Taken as of time of birth of child herein certified and including this child.) | 21. Were precautions taken against ophthalmia neonatorum? <u>yes</u> | CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE | |
| I hereby certify that I attended the birth of this child, who was <u>born</u> at <u>2 A.M.</u> 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. A stillborn child is one that neither breathes nor shows other evidences of life after birth. | | Signature <u>Cyril M. Brown M.D.</u> (Physician or midwife) | |
| Address <u>Miami Ariz.</u> | | Filed <u>Aug 31</u> 19 <u>24</u> <u>P. S. Davis</u> Local Registrar. | |
| Given name added from a supplemental report _____ Month, day, year. | | Filed <u>9-5</u> 19 <u>24</u> <u>B. G. Gray</u> County Registrar. | |

171-803-111