

1126

WRITING 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.

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Sila  
District of Ariz.  
Town of Miami  
or  
City of Ariz.

BUREAU OF VITAL STATISTICS  
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 150  
County Registrar No. 880  
Local Registrar No. \_\_\_\_\_

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

3. Sex of Child G } To be answered ONLY in event of plural births. 4. Twin, triplet or other. \_\_\_\_\_ 5. No., in order of birth. \_\_\_\_\_ 6. Legitimate? y 7. Date of birth Feb. 9 1924  
Month day year

8. FATHER  
Full name Mariano Garcia  
9. Residence (Usual place of abode) Gover Copu  
If nonresident, give place and state

14. MOTHER  
Full maiden name Concepcion Ledesma  
15. Residence (Usual place of abode) Gover Copu  
If nonresident, give place and state

10. Color or race Light Brown  
11. Age at last birthday 40 (Years)

16. Color or race L. Brown  
17. Age at last birthday 26 (Years)

12. Birthplace (city or place) Puejano  
(State or country) Guatemala

18. Birthplace (city or place) Puejano  
(State or country) Guatemala

13. Occupation  
Nature of industry Labor

19. Occupation  
Nature of industry Domestic

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 \_\_\_\_\_  
(c) Stillborn \_\_\_\_\_

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 alive (Born alive or stillborn.) at 11 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 Picenta Gutierrez (Physician or midwife)

Address Clay Pool  
Given name added from a supplemental report Feb. 9 1924 Filed 11 30 1924 P. G. J. O'G

Month, day, year. Filed DEC 5 1924 P. G. J. O'G  
Registrar. County Registrar.

271-1109-331