

1111

WRITE PLAINLY WITH UNFADING INK—THIS IS 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

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

1. County of Gila
District of _____
Town of Miami
or _____
City of _____

State Index No. 202
County Registrar No. 921
Local Registrar No. _____

No. 502 1/2 Orphan St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)
If child is not yet named, make supplemental report, as directed.

2. Full name of child Roseben Garcia
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 _____
6. Legitimate? yes
7. Date of birth Nov 28, 1924
Month Nov day 28 year 1924

8. FATHER
Full name Ramiro Garcia

14. MOTHER
Full maiden name Dominga Marin

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

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

10. Color or race Mexican
11. Age at last birthday 23 (Years)

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

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

18. Birthplace (city or place) _____
(State or country) Mexico

13. Occupation Timberman
Nature of industry Copper mine

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 1
(b) Born alive but now dead 0
(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 at 8:05 a.m. 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.
Given name added from a supplemental report _____
Month, day, year. _____
Registrar. _____
Signature J. J. Miller (Physician or midwife)
Address Miami, Arizona
Filed Nov 30, 1924 Local Registrar. W. G. Miller
Filed DEC 5, 1924 County Registrar. B. G. Joy

571-1128-445