

2014

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

PLACE OF BIRTH
1. County of Yuma
District of _____
Town of Hayden
or _____
City of _____ No. _____ St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

State Index No. 136
County Registrar No. 1036
Local Registrar No. 59

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

3. Sex of Child ♀ } To be answered ONLY in event of plural births. 4. Twin, triplet or other _____ 5. Legitimate? yes 6. Date of birth 12-4-24
Month day year

3. FATHER Full name Apolonio Garcia 14. MOTHER Full maiden name Isabel Sanchez

9. Residence (Usual place of abode) Hayden 15. Residence (Usual place of abode) Hayden
If nonresident, give place and state

10. Color or race Mex. 11. Age at last birthday 42 (Years) 16. Color or race Mex. 17. Age at last birthday 36 (Years)

12. Birthplace (city or place) Mex. 18. Birthplace (city or place) Mex.
(State or country)

13. Occupation Laborer 19. Occupation H. W.
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 10 (b) Born alive but now dead 3 (c) Stillborn 0 21. Were precautions taken against phtalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was BORN ALIVE at 2:45 A. 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 _____ Signature Fitz R. Winslow
Month, day, year _____ Address Hayden, Ariz.
Filed Dec 6 1924 4573 W. J. D. S. D. Registrar.
Filed 1-12-26 1831 D. S. D. Registrar.
County Registrar.

571-1204-929