

WRITE 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

1. County of Sila
 District of _____
 Town of Keyser
 or _____
 City of _____

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
 ORIGINAL CERTIFICATE OF BIRTH

State Index No. 144
 County Registrar No. 139
 Local Registrar No. 2

2. Full name of child Manuela Garcia (If birth occurred in a hospital or institution, give its NAME instead of street and number)
 St. _____ Ward _____
 { If child is not yet named, make supplemental report, as directed.

3. Sex of Child 7 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 Feb 16 1925
 Month Day Year

8. FATHER
 Full name Manuel Garcia
 9. Residence (Usual place of abode) Keyser, Ariz.
 If non-resident, give place and state. _____
 10. Mexican
White
 11. Age at last birthday 20 (Years)
 12. Birthplace (city or state) Cellar, Sonora, Mex.
 (State or country)
 13. Occupation Labour
 Nature of industry

14. MOTHER
 Full maiden name Quita Lira
 15. Residence (Usual place of abode) Keyser, Ariz.
 If non-resident, give place and state. _____
 16. Color or race Mexican
 17. Age at last birthday 24 (Years)
 18. Birthplace (city or state) Sonora, Sonora
 (State or country)
 19. Occupation House Wife
 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 4
 (b) Born alive but now dead _____
 (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 Born alive (Born alive or stillborn) at 5:30 p. m. on the date above stated
 Signature Charles R. Hunt, M.D. (Physician or midwife)
 Address Keyser, Ariz.

* 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 evidence of life after birth.
 Given name added from a supplemental report. Month, day, year _____
 Registrar _____
 Filed Feb 18, 1925 W. B. Dack Local Registrar.
 Filed 2/19, 1925 W. E. Wyllie County Registrar.

471-216-132