

**ARIZONA STATE BOARD OF HEALTH**

**BUREAU OF VITAL STATISTICS  
ORIGINAL CERTIFICATE OF BIRTH**

State Index No. 145

County Registrar No. \_\_\_\_\_

Local Registrar No. 5

1. County of Cocon

District of \_\_\_\_\_

Town of Miami

or \_\_\_\_\_

City of \_\_\_\_\_ No. 912 Live oak St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Alberto Garcia (If child is not yet named, make supplemental report, as directed.)

3. Sex of Child Male To be answered ONLY in event of plural births. 4. Twin, triplet or other \_\_\_\_\_ 6. Legitimate? yes 7. Date of birth April-8-1925  
Month Day Year

8. FATHER Full name Martin Garcia

14. MOTHER Full maiden name Teodora Juarez

9. Residence (Usual place of abode) Miami Ariz  
If non-resident, give place and state.

15. Residence (Usual place of abode) Miami Ariz  
If non-resident, give place and state.

10. Color or race Mexican 11. Age at last birthday 37 (Years)

16. Color or race Mexican 17. Age at last birthday 23 (Years)

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

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

13. Occupation miner  
Nature of industry

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 2  
(b) Born alive but now dead \_\_\_\_\_  
(c) Stillborn none

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 \_\_\_\_\_ at 6 a. m. on the date above stated  
(Born alive ~~or dead~~.)

\* 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.

Signature P. J. Jolly, M.D.  
(Physician or midwife)

Address Miami Ariz

Given name added from a supplemental report \_\_\_\_\_  
Month, day, year

Filed April 19, 1925 \_\_\_\_\_  
Local Registrar.

Registrar \_\_\_\_\_

Filed \_\_\_\_\_, 19\_\_\_\_ County Registrar.

171-408-336