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.

WRITE PLAIN, WITH UNFADING INK—THIS IS A PERMANENT RECORD

PLACE OF BIRTH

1. County of Gila

District of

Town of Miami

or

City of

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 212

County Registrar No.

Local Registrar No. 79

No. 31 Miami Ave. St. Ward

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

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

3. Sex of Child female

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 May 19 1925 (Month day year)

FATHER

8. Full name Florencio Garcia

9. Residence (Usual place of abode) Miami Ariz

If nonresident, give place and state

10. Color or race Mexican

11. Age at last birthday 24 (Years)

12. Birthplace (city or place) Mexico

(State or country) Mexico

13. Occupation Miner

Nature of industry Copper

MOTHER

14. Full maiden name Anastacia Mercado

15. Residence (Usual place of abode) Miami Ariz

If nonresident, give place and state

16. Color or race Mexican

17. Age at last birthday 17 (Years)

18. Birthplace (city or place)

(State or country) Mexico

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 (Born alive ~~or stillborn~~.) at 12:20 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 J. F. Miller (Physician ~~or midwife~~)

Address Miami, Ariz.

Given name added from a supplemental report ..... Month, day, year.

Filed May 26, 1925 C. E. Morris Local Registrar.

Registrar.

Filed ..... 19.... County Registrar.

771-519-146