

WRITE IN INK 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.

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

State File No. 155
 Registered No. 118

1. PLACE OF BIRTH

County Gila State Arizona
 District or Township _____ or Village _____
 City miami No. 510 Gibson St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Vera Garzon (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, tripled or other _____ } 5. No., in order of birth _____ } 6. Legitimate? yes } 7. Date of birth June 12, 1925
Month Day Year

8. FATHER
 Full name Francisco Garcon

14. MOTHER
 Full maiden name Aurora Molina

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

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

10. Color or race White } 11. Age at last birthday 33 (Years)

16. Color or race White } 17. Age at last birthday 35 (Years)

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

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

13. Occupation Restaurant Keeper
 Nature of industry

19. Occupation Housewife
 Nature of industry

20. Number of children of this mother 5
(Taken as of time of birth of child herein certified and including this child.)

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 9:02 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 evidence of life after birth.

Signature J. J. Miller
(Physician or midwife.)

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

Address miami, Arizona
 Filed June 22, 1925 C. E. Irwin
 Registrar

575-612-141