MARGIN RESERVED . . . BINDING

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.

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 182

County Registrar No. _____

Local Registrar No. 160

PLACE OF BIRTH

1. County of Gila

District of _____

Town of Globe

or

City of _____ No. _____ St. _____ Ward

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

2. Full name of child Justina 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 June 20, 1925 (Month day year)

8. FATHER

Full name Dolores Garcia

9. Residence (Usual place of abode)

If nonresident, give place and state Globe, Ariz.

10. Color or race Mexican

11. Age at last birthday 29 (Years)

12. Birthplace (city or place) Phoenix

(State or country) Arizona

13. Occupation

Nature of industry Laborer

14. MOTHER

Full maiden name Guadalupe Ortiz

15. Residence (Usual place of abode)

If nonresident, give place and state Globe, Ariz.

16. Color or race Mexican

17. Age at last birthday 22 (Years)

18. Birthplace (city or place) Mexico

(State or country)

19. Occupation

Nature of industry Housewife

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 one

(b) Born alive but now dead none

(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 born alive (Born alive or stillborn.) at 7:10 A.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 T. C. Harper, M. D. (Physician ~~or midwife~~)

Address Globe, Ariz.

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

Filed 6/30, 1925 H. W. Hoosh Local Registrar.

_____ Registrar.

Filed _____, 19__ _____ County Registrar.

171-620-769