

MARGIN RESERVED FOR BIND. RECORD ONLY WITH UNFADING INK.—THIS IS A PERMANENT RECORD. WRITE INLY 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

ARIZONA STATE BOARD OF HEALTH

1. County of Gila
 District of _____
 Town of _____
 or _____
 City of Miami

BUREAU OF VITAL STATISTICS
 ORIGINAL CERTIFICATE OF BIRTH

State Index No. 171
 County Registrar No. _____
 Local Registrar No. 164

No. 710 Church-Hill St. _____ Ward _____
 (If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Maria Luisa 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 7-9-25
 Month Day Year

8. FATHER
 Full name Luis Garcia
 9. Residence (Usual place of abode) Miami-Ariz.
 If non-resident, give place and state.
 10. Color or race Mexican
 11. Age at last birthday 40 (Years)
 12. Birthplace (city or place) Chihuahua
 (State or country) Chihuahua-Mexico
 13. Occupation miner
 Nature of industry _____

14. MOTHER
 Full maiden name Rita Acuña
 15. Residence (Usual place of abode) Miami-Ariz
 If non-resident, give place and state.
 16. Color or race Mexican
 17. Age at last birthday 36 (Years)
 18. Birthplace (city or place) Guibae-Arizona
 (State or country) _____
 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.) 8 (a) Born alive and now living 4 (b) Born alive but now dead 4 (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 at 7 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 Francisco J. Martinez
 Address 708 Church-Hill
 _____ (Physician or midwife)

Given name added from a supplemental report _____
 Month, day, year 471-709-911
 Registrar _____
 Filed July 22, 1925 _____ Local Registrar, _____
 County Registrar, _____