

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

State File No. 165
 Registered No. 2051

1. PLACE OF BIRTH

County Gila State Arizona
 District or Township _____ or Village _____
 City Miami No. 711 Church Hall St. _____ Ward _____
 (If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child

Esmarda 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 October 13, 1925
 Month Day Year

8. FATHER
 Full name Alexandro Garcia

14. MOTHER
 Full maiden name Angela Sarason

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 Mexican **11. Age at last birthday** 38 (Years)

16. Color or race Mexican **17. Age at last birthday** 25 (Years)

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

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

13. Occupation
 Nature of Industry Copper mine miner

19. Occupation
 Nature of Industry Housewife

20. Number of children of this mother 6 (Taken as of time of birth of child herein certified and including this child.)
 (a) Born alive and now living 3
 (b) Born alive but now dead 3
 (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 at 8:30 P. m. on the date above stated
 (Born alive or stillborn.)

Signature J. J. Miller

 (Physician or midwife.)

* 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.
 Given name added from a supplemental report _____ Address Miami, Arizona
 Month, day, year _____
 Filed Nov 5, 1925 Registrar P. E. Davis

a birth, a SEPARATE RET order of birth-shard.