

PLACE OF BIRTH

1. County of Pima

District of _____

Town of Hayden

or _____

City of _____

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 188

County Registrar No. _____

Local Registrar No. 71No. _____ St. _____ Ward _____
If birth occurred in a hospital or institution, give its NAME instead of street and number)

If child is not yet named, make supplemental report, as directed.

2. Full name of child Donato Garcia3. Sex of Child Male To be answered ONLY in event of plural births. 4. Twin, triplet or other _____ 6. Legitimate? Yes 7. Date of birth Oct 22 1925

5. No., in order of birth _____ Month _____ day _____ year _____

3. FATHER Full name Bernardo Garcia9. Residence (Usual place of abode) Hayden10. Color or race Mex11. Age at last birthday 42 (Years)12. Birthplace (city or place) Mexico13. Occupation Labour20. 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 4 (b) Born alive but now dead 0 (c) Stillborn 014. MOTHER Full maiden name Kateara Pyles15. Residence (Usual place of abode) Hayden16. Color or race Mex17. Age at last birthday 40 (Years)18. Birthplace (city or place) Mexico19. Occupation House Wife21. 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.)Signature Charles B. Huerto M.D. (Physician or midwife)Address HaydenGiven name added from a supplemental report Filed Oct 26, 1925 ESTRADA

Month, day, year. Local Registrar.

Registrar. Filed _____ 19____ County Registrar.

471-1022-492

N. 3—In case of more than one child for a birth, a SEPARATE RETURN must be made for each, and the n. in order of birth stated.