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

1. County of Gila

District of

Town of Hayden

or

City of ..... No. ..... St. ..... Ward

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

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 142

County Registrar No. .....

Local Registrar No. 84

2. Full name of child Manuel Garcia — If child is not yet named, make supplemental report, as directed.

3. Sex of Child: Male — 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: Dec 9 1925 (Month day year)

8. FATHER

Full name: Jose B Garcia

9. Residence (Usual place of abode): Hayden

If nonresident, give place and state

10. Color or race: Mexican

11. Age at last birthday 45 (Years)

12. Birthplace (city or place): Chihuahua

(State or country): Mexico

13. Occupation: Labour

Nature of industry

14. MOTHER

Full maiden name: Severiana ~~Bde Garcia~~ Velazquez

15. Residence (Usual place of abode): Hayden

If nonresident, give place and state

16. Color or race: Mexican

17. Age at last birthday 43 (Years)

18. Birthplace (city or place): Aguas Calientes

(State or country): Mexico

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 8

(b) Born alive but now dead 2

(c) Stillborn .....

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 10:00 P 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 evidences of life after birth.

Signature: her + mark Eufemio Romero (Physician or midwife)

Address: Hayden, Ariz

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

Filed Dec 12, 1925 W B Nash Local Registrar.

Registrar.

Filed ....., 19.... County Registrar.

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