

WRITE MAINLY 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 Yuma
District of _____
Town of Miami
or
City of _____

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 198
County Registrar No. _____
Local Registrar No. 562

No. 38 Reynolds Canon
(If birth occurred in a hospital or institution, give its NAME instead of street and number) Ward _____

2. Full name of child Maria Jesus 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 Mar. 31, 1926
Month Day Year

8. FATHER
Full name Vidal Garcia
9. Residence (Usual place of abode) Miami
If non-resident, give place and state. Arizona
10. Color or race Mex.
11. Age at last birthday 27 (Years)
12. Birthplace (city or place) Parral,
(State or country) Mex.
13. Occupation
Nature of Industry Miner

14. MOTHER
Full maiden name Erelberta Oviedo
15. Residence (Usual place of abode) Miami
If non-resident, give place and state. Arizona
16. Color or race Mex.
17. Age at last birthday 19 (Years)
18. Birthplace (city or place) Zacatecas
(State or country) Mex.
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 3
(b) Born alive but now dead _____
(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 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 Ignacio M. Brown M.D.
Address Miami, Arizona
(Physician or midwife)

Given name added from a supplemental report _____
Month, day, year _____ Filed Apr 7, 26 _____
Local Registrar.

Registrar

Filed _____, 19____

County Registrar.

471-331-516