

WRITE PLAINLY 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.

V

ARIZONA STATE BOARD OF HEALTH

PLACE OF BIRTH

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

BUREAU OF VITAL STATISTICS ORIGINAL CERTIFICATE OF BIRTH

State Index No. 121
County Registrar No. 689
Local Registrar No. _____

No. Van Winble Canon Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)
2. Full name of child Juan Francisco 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 June 16, 1926
Month Day Year

8. FATHER
Full name Roman Garcia

14. MOTHER
Full maiden name Paula Arasco

9. Residence (Usual place of abode) Miami
If non-resident, give place and state. Arizona

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If non-resident, give place and state. Arizona

10. Color or race Mex. 11. Age at last birthday 33 (Years)

16. Color or race Mex. 17. Age at last birthday 32 (Years)

12. Birthplace (city or place) Zacatecas
(State or country) Mex.

18. Birthplace (city or place) Georgetown
(State or country) New Mex.

13. Occupation
Nature of industry Miner

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 7
(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 1 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 Cyril M. Brown, M.D.
Address Miami, Arizona
(Physician or midwife)

Given name added from a supplemental report _____
Month, day, year _____ Filed July 7, 1926 C. E. Dorn
Local Registrar.

Registrar _____ Filled _____, 19____ County Registrar.

171-616-710