

# ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS  
STANDARD CERTIFICATE OF BIRTH

State File No. 113  
Registered No. 128

**1. PLACE OF BIRTH**

County Gila, State \_\_\_\_\_  
District or Township \_\_\_\_\_ or Village \_\_\_\_\_  
City Globe, No. North Globe, St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

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

3. Sex of Child <b>Male.</b>	<small>To be answered ONLY in event of plural births.</small>	4. Twin, triplet or other _____	6. Legitimate? <b>Yes.</b>	7. Date of birth <u>7 5 1926</u> <small>Month Day Year</small>
		5. No., in order of birth _____		

8. **FATHER**  
Full name Pete Garcia, (Deceased)

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

10. Color or race Mex.  
11. Age at last birthday 25 (Years)

12. Birthplace (city or place) \_\_\_\_\_  
(State or country) Mexico,

13. Occupation Miner.  
Nature of industry

14. **MOTHER**  
Full maiden name Doloriz Martinez

15. Residence (Usual place of abode) Globe,  
If non-resident, give place and state.

16. Color or race Mex.  
17. Age at last birthday 26 (Years)

18. Birthplace (city or place) \_\_\_\_\_  
(State or country) Mexico,

19. Occupation Housewife,  
Nature of industry

20. Number of children of this mother <u>4</u> <small>(Taken as of time of birth of child herein certified and including this child.)</small>	(a) Born alive and now living <u>4</u>	21. Were precautions taken against ophthalmia neonatorum? <b>Yes.</b>
	(b) Born alive but now dead _____	
	(c) Stillborn _____	

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

I hereby certify that I attended the birth of this child, who was Born Alive, at 5:25 A.M. on the date above stated  
(Born alive or stillborn.)

Signature G. E. Wightman  
**Physician**  
(Physician or midwife).

Given name added from a supplemental report \_\_\_\_\_  
Address Globe, Ariz.

Filed 7-31, 1926 Dr. J. N. Noy  
Registrar Registrar

271-705-449

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.