

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 115
Registered No. 139

1. PLACE OF BIRTH
County Gila, State _____
District or Township Globe . or Village _____
City Globe, No. Hackney Ave. St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

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

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

8. FATHER
Full name Charlie Garcia.

14. MOTHER
Full maiden name Margaret Nunez,

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

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

10. Color or race
Mex.

11. Age at last birthday 29 (Years)

16. Color or race
Mex

17. Age at last birthday 25 (Years)

12. Birthplace (city or place) Florance,
(State or country) Arizona,

18. Birthplace (city or place) Florance,
(State or country) Arizona.

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 1
(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 alive, at 10:30 P.M.
(Born alive or stillborn.) on the date above stated

*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 E. E. Wightman
Physician,
(Physician or midwife).

Given name added from _____ Address Globe, Ariz.

Month, day, year _____
Registrar _____
Filed 7-31 1926 M. M. Mont
Registrar

471-705-459

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.