ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 207

Registered No. 89

1. PLACE OF BIRTH

County: Graham State: Arizona

District or Township: Safford Salomon or Village: Solomonville

City: No. St. Ward

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

2. Full name of child: Josefa 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: X

5. No., in order of birth:

6. Legitimate? Yes.

7. Date of birth: July 30 1926 (Month, Day, Year)

FATHER

8. Full name: Juan B. Garcia

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

10. Color or race: Mex.

11. Age at last birthday: 39 (Years)

12. Birthplace (city or place) (State or country): Arizona

13. Occupation: Farmer

Nature of industry:

MOTHER

14. Full maiden name: Teresa Morales

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

16. Color or race: Mex

17. Age at last birthday: 35 (Years)

18. Birthplace (city or place) (State or country): Arizona

19. Occupation: House Wife

Nature of industry:

20. Number of children of this mother: 10th (Taken as of time of birth of child herein certified and including this child.)

(a) Born alive and now living: 6

(b) Born alive but now dead: 4

(c) Stillborn: 0

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 alive (9:15 A.M.) at 9:15 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: J. H. Stratton

J. D. Stratton Asst. (Physician or Midwife).

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

Registrar

Address: 0

Filed Aug 5, 1926 J. N. Stratton H.B. Registrar

171-730-342

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N.B.—In case of twins or more than one child at a birth, a SEPARATE RETURN must be made, each, and the number of each in order of birth stated.