PLACE OF BIRTH

1. County of Gila

District of

Town of Miami

or

City of

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 154

County Registrar No.

Local Registrar No. 880

No. Miami Insp. Hosp. St., Ward

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

2. Full name of child Tomas Galvan

{ 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 Oct. 11, 1926. (Month Day Year)

8. FATHER

Full name Tomas Galvan

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 33 (Years)

12. Birthplace (city or place) Saltillo, Coahuila,

(State or country) Mex.

13. Occupation

Nature of industry Laborer

14. MOTHER

Full maiden name Concepcion Martinez

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 32 (Years)

18. Birthplace (city or place) Parral, Chih.

(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

(b) Born alive but now dead

(c) Stillborn 1

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 stillborn at 11 P. 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. Crow M.D. (Physician or ~~midwife~~).

Address Miami, Arizona

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

Filed Nov 4, 1926 C. E. Tim Local Registrar.

Registrar

Filed , 19

County Registrar.

375-1011-349.