

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.
 WRIT. MAINLY WITH UNFADING INK—THIS IS A SEPARATE RETURN must be made for each, and the number of each in order of birth stated.

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

PLACE OF BIRTH
 1. County of Shila
 District of _____
 Town of Miami
 or _____
 City of _____ No. 909 Sullivan St. _____ Ward _____
 (If birth occurred in a hospital or institution, give its NAME instead of street and number)

State Index No. 195
 County Registrar No. 894
 Local Registrar No. _____

2. Full name of child Germinia 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. _____ 6. Legitimate? yes

5. No., in order of birth _____ 7. Date of birth Oct. 25, 1926
 Month Day Year

8. FATHER

5. Full name Geronimo Garcia

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

10. Color or race Mex.

11. Age at last birthday 29 (Years)

12. Birthplace (city or place) Jalisco, Mex.
 (State or country)

13. Occupation
 Nature of industry Miner

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 2
 (b) Born alive but now dead _____
 (c) Stillborn _____

14. MOTHER

6. Full maiden name Narcissa Rubelcaba

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

16. Color or race Mex.

17. Age at last birthday 20 (Years)

18. Birthplace (city or place) Jalisco, Mex.
 (State or country)

19. Occupation
 Nature of industry Housewife

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 10³⁰ P. m. on the date above stated
 (Born alive or still bn.)

*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. (Physician or midwife)
 Address Miami, Arizona
 Filed Nov 4 26 Le E. Drinn Local Registrar.
 Given name added from a supplemental report _____
 Month, day, year _____

Registrar _____ Filed _____, 19____ County Registrar.

771-1025-591