

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 126

Registered No. \_\_\_\_\_

PLACE OF BIRTH

City Gila

State \_\_\_\_\_

District or Township \_\_\_\_\_

or Village \_\_\_\_\_

Winkelman

No. \_\_\_\_\_

St. \_\_\_\_\_

Ward \_\_\_\_\_

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

Full name of child Ralph Garcia

{ If child is not yet named, make supplemental report, as directed.

Sex of Child Male

To be answered ONLY in event of plural births.

4. Twin, triplet or other \_\_\_\_\_

6. Legitimate? yes

7. Date of birth Jan 7 1928  
Month Day Year

5. No., in order of birth \_\_\_\_\_

FATHER

Full name Ralph Garcia

9. Residence Winkelman

(Usual place of abode)

If non-resident, give place and state.

10. Color or race Mex

11. Age at last birthday 25 (Years)

12. Birthplace (city or place) Winkelman

(State or country) Ariz

13. Occupation Labourer

Nature of industry

MOTHER

14. Full maiden name Dolores Ochoa

15. Residence Phoenix

(Usual place of abode) Winkelman

If non-resident, give place and state. Ariz

16. Color or race Mex

17. Age at last birthday 25 (Years)

18. Birthplace (city or place) Phoenix

(State or country) Ariz

19. Occupation Housewife

Nature of industry

20. Number of children of this mother 3

(Taken as of time of birth of child herein certified and including this child.)

(a) Born alive and now living 3

(b) Born alive but now dead 0

(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 \_\_\_\_\_

(Born alive or stillborn)

at 11:30 A. m. 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 Ch. J. ...

Hayden Ariz

(Physician or midwife)

Given name added from a supplemental report \_\_\_\_\_

Address \_\_\_\_\_

Month, day, year 7-11-107-461

Filed Feb 6, 1928

P. J. Hatton

Registrar

Registrar