

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.

PLACE OF BIRTH
1. County of Navajo
District of _____
Town of Hinslow
or _____
City of _____ No. _____ St. _____ Ward _____

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

State Index No. 479^a
County Registrar No. _____
Local Registrar No. 28

2. Full name of child Elma 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. _____ }
5. No., in order of birth. _____ } yes } 6. Legitimate? }
7. Date of birth Feb. 3, 1928 }
Month day year

3. FATHER
Full name Sustano Garcia
9. Residence (Usual place of abode) Hinslow
If nonresident, give place and state _____

14. MOTHER
Full maiden name Ramona Moya
15. Residence (Usual place of abode) Hinslow
If nonresident, give place and state _____

10. Color or race Mex
11. Age at last birthday 35 (Years)

16. Color or race Mex
17. Age at last birthday 27 (Years)

12. Birthplace (city or place) Albuquerque
(State or country) N.M.

18. Birthplace (city or place) Albuquerque
(State or country) N.M.

13. Occupation Laborer
Nature of industry _____

19. Occupation Housewife
Nature of industry _____

20. Number of children of this mother { (a) Born alive and now living 1
(b) Born alive but now dead 0
(c) Stillborn 0 }
(Taken as of time of birth of child herein certified and including this child.) }
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 4:55 P. 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 evidences of life after birth.
Signature J. M. Basell M.D.
(Physician or midwife)
Address Hinslow Arizona
Given name added from _____
supplemental report _____
Month, day, year. _____
Registrar. _____
Filed Apr. 30, 1928 Eva C. Basell
Local Registrar.
County Registrar.

571-203-941