

## PLACE OF BIRTH

1. County of Yuma

District of \_\_\_\_\_

Town of \_\_\_\_\_

or Globe

City of \_\_\_\_\_

## ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS  
ORIGINAL CERTIFICATE OF BIRTHState Index No. 157

County Registrar No. \_\_\_\_\_

Local Registrar No. 552. Full name of child Charlie B. Garcia  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)  
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. Legitimate? yes 6. Date of birth 3-21-1928  
Month day year3. FATHER  
Full name Charlie B. Garcia14. MOTHER  
Full maiden name Margarita Nung9. Residence (Usual place of abode) Globe Ariz.  
If nonresident, give place and state15. Residence (Usual place of abode) Globe Ariz.  
If nonresident, give place and state10. Color or race Mex. 11. Age at last birthday 31 (Years)16. Color or race Mex. 17. Age at last birthday 28 (Years)12. Birthplace (city or place) Florence, Ariz.  
(State or country)18. Birthplace (city or place) Florence Ariz.  
(State or country)13. Occupation miner  
Nature of industry19. Occupation Housewife  
Nature of industry20. 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 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 at 4:20 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 T. C. Harper (Physician or midwife)  
Address Globe Ariz.Given name added from a supplemental report \_\_\_\_\_ Filed 4/4 1928 S. E. Dightman Local Registrar.

Month, day, year.

Filed \_\_\_\_\_ 19 \_\_\_\_\_

Registrar.

County Registrar.

371-321-457