

At a date, a separate REGISTRATION must be made for each, and the number of each in order of birth stated.

SUPPLEMENT ATTACHED

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

State File No. 173
Registered No. 326

1. PLACE OF BIRTH

County Gila State Arizona
District or Township _____ or Village _____
City Miami No. 3126 Loomis St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child

Olga Garcia
(If child is not yet named, make supplemental report, as directed.)

3. Sex of Child

To be answered ONLY in event of plural births.

Female

4. Twin, triplet or other

6. Legitimate?

5. No., in order of birth

yes

7. Date of birth

July 22 1928
Month Day Year

8. FATHER

Full name

Felix Garcia

14. MOTHER

Full maiden name

Refugia Diaz

9. Residence

(Usual place of abode)

Miami, Arizona

If non-resident, give place and state.

15. Residence

(Usual place of abode)

Miami, Arizona

If non-resident, give place and state.

10. Color or race

Mexican

11. Age at last birthday 27 (Years)

16. Color or race

Mexican

17. Age at last birthday 17 (Years)

12. Birthplace (city or place)

(State or country)

Mexico

18. Birthplace (city or place)

(State or country)

Mexico

13. Occupation

Nature of industry

Miner

Copper

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 1

(b) Born alive but now dead 0

(c) Stillborn 0

21. Were precautions taken against ophthalmia neonatorum.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at 12:15 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

J. J. Miller
MD

(Physician or midwife)

Given name added from a supplemental report

Month, day, year

Address

Miami, Arizona

Registrar.

Filed

July 26, 1928

E. E. Irons

Registrar.

871-722-949