

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 142

Registered No. 166

1. PLACE OF BIRTH

County Gila State Ariz.

District or Township _____ or Village _____

City Globe No. _____ St. _____ Ward _____

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

2. Full name of child Cruz Garcia (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. No., in order of birth _____ 6. Legitimate? Yes 7. Date of birth Sept. 14, 1928. Month Day Year

8. FATHER Full name Antonio Garcia

14. MOTHER Full maiden name Carmen Salinas

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

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10. Color or race Mexican 11. Age at last birthday 24 (Years)

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

12. Birthplace (city or place) Mexico (State or country)

18. Birthplace (city or place) Globe Ariz. (State or country)

13. Occupation Nature of industry Miner

19. Occupation Nature of industry Housewife

20. Number of children of this mother 1 (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? Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 1 P.M. on the date above stated (Born alive or stillborn.)

Signature I. C. Harper (Physician or midwife)

Address Globe, Ariz.

Given name added from a supplemental report _____ Month, day, year _____

Registrar W. E. Dwyer Registrar

371-914-322

ORDER OF BIRTH