

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. ¹³² 563

Registered No. 563

1. PLACE OF BIRTH

County Gila State Arizona

District or Township _____ or Village _____

City Miami No. 53 Pine Oak Canon St. _____ Ward _____
 (If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Guadaloupe 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 _____
 6. Legitimate? yes
 7. Date of birth Dec. 12-1928
 Month Day Year

8. FATHER
 Full name Pedro Garcia

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

10. Color or race Mex
 11. Age at last birthday 26 (Years)

12. Birthplace (city or place) Jalisco
 (State or country) Mex.

13. Occupation
 Nature of industry Miner

14. MOTHER
 Full maiden name Philippa Pareda

15. Residence (Usual place of abode) Miami
 If non-resident, give place and state. Arizona

16. Color or race Mex
 17. Age at last birthday 24 (Years)

18. Birthplace (city or state) Jalisco
 (State or country) Mex.

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). 3
 (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 6:30 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 returns. A stillborn child is one that neither breathes nor shows other evidence of life after birth.
 Signature Cyril M. Brown, M.D.
 (Physician or midwife)

Given name added from a supplemental report _____
 Address Miami, Arizona

Month, day, year _____
 Filed Jan 10, 1929 C. E. Tomlin Registrar.

771-1212-771