

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

State File No. 134
 Registered No. 532

1. PLACE OF BIRTH

County Gila State Arizona

District or Township _____ or Village _____

City Miami No. 19 Oak St. Claypool St., Ward _____

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

2. Full name of child Guadalupe 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 Mmanuel Garcia

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

10. Color or race Mex. 11. Age at last birthday 27 (Years)

12. Birthplace (city or place) Chihuahua, Mex.
 (State or country)

13. Occupation
 Nature of industry Miner

14. MOTHER
 Full maiden name Seferina Benites

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

16. Color or race Mex. 17. Age at last birthday 33 (Years)

18. Birthplace (city or place) Durango, Mex.
 (State or country)

19. Occupation
 Nature of industry Housewife

20. Number of children of this mother 11 } (a) Born alive and now living 4
 (Taken as of time of birth of child herein certified and including this child.) } (b) Born alive but now dead _____
 (c) Stillborn _____ 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 2:30 A. 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 Byril M. Brown, D.O.

Physician (Physician or midwife)

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

Month, day, year

Filed Jan 2 1929 Registrar.

Registrar.

771-1212-222