

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.

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

State File No. 170
Registered No. 69

1. PLACE OF BIRTH

County Stila State Arizona
District or Township _____ or Village _____
City Miami No. 716 Church Hill St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Maria 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 Jan. 23-1929
Month Day Year

8. FATHER
Full name Joe 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 25 (Years)
12. Birthplace (city or place) Jalisco Mex.
(State or country)
13. Occupation
Nature of Industry Miner

14. MOTHER
Full maiden name Maria Ybarra
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 21 (Years)
18. Birthplace (city or place) Agua Caliente, Mex.
(State or country)
19. Occupation
Nature of Industry Housewife

20. Number of children of this mother. 2 (Taken as of time of birth of child herein certified and including this child.)
(a) Born alive and now living 2
(b) Born alive but now dead 0
(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 4 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 Cyril M. Brown M.D.
Physician
(Physician or midwife).

Given name added from supplemental report _____
Month, day, year 4/11-123-181
Address Miami, Arizona
Filed Feb 20, 1929 R. E. Jones
Registrar