

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

State File No. 144
Registered No. 526

1. PLACE OF BIRTH

County Pima State Arizona
District or Township _____ or Village _____
City Miami No. 1219 Pine Oak St. St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Angelina 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 _____ 6. Legitimate? yes 7. Date of birth Nov. 14-1929
5. No. in order of birth _____ Month Day Year

8. FATHER
Full name Alejandro Garcia
9. Residence (Usual place of abode) Miami, Arizona
If non-resident, give place and state. Arizona
10. Color or race Mex.
11. Age at last birthday 42 (Years)
12. Birthplace (city or place) Chihuahua Mex.
(State or country)
13. Occupation
Nature of industry Carpenter

14. MOTHER
Full maiden name Angela Saragoza
15. Residence (Usual place of abode) Miami, Arizona
If non-resident, give place and state. Arizona
16. Color or race Mex.
17. Age at last birthday 29 (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: (Taken as of time of birth of child herein certified and including this child.)
(a) Born alive and now living 5
(b) Born alive but now dead 3
(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 4 A. m. on the date above stated.
(Born alive or stillborn)

Signature Buril M. Brown M.D.
Physician
(Physician or midwife)

Address Miami, Arizona

Filed Nov 20 29 1929 Registrar B. E. Brown

* 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.
(ven name added from supplemental report _____
Gt _____
at _____
Registrar 171-1114-121