

ANER  
not be made

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Hila

BUREAU OF VITAL STATISTICS  
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 200

District of \_\_\_\_\_

Town of Miami

County Registrar No. 57

or

City of \_\_\_\_\_ No. 53 Grover Canon St. \_\_\_\_\_ Ward \_\_\_\_\_

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

Full name of child Aurelio Flores } If child is not yet named, make supplemental report, as directed.

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 Jan. 27, 1927  
Month day year

8. FATHER  
Full name Aurelio Flores  
9. Residence (Usual place of abode) Miami  
If nonresident, give place and state Arizona

14. MOTHER  
Full maiden name Rosa Johnson  
15. Residence (Usual place of abode) Miami  
If nonresident, give place and state Arizona

10. Color or race Mex  
11. Age at last birthday 35 (Years)

16. Color or race Mex  
17. Age at last birthday 30 (Years)

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

18. Birthplace (city or place) Tularosa  
(State or country) New Mex.

13. Occupation  
Nature of industry Carpenter

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 6  
(b) Born alive but now dead 2  
(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 at 7 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 evidences of life after birth.  
Given name added from a supplemental report \_\_\_\_\_

Signature Cyril M. Brown, M.D.  
(Physician or midwife)

Address Miami, Arizona  
Filed Dec 7, 1927 Lo. E. Dowd  
Local Registrar.

Registrar.

Filed \_\_\_\_\_

County Registrar.

162-127-915

number of each.  
SEPARATE RETURN must be made  
order of birth stated.