

number of each.

SEPARATE RETURN must be made in order of birth stated.

PLACE OF BIRTH

1. County of Hila
District of _____
Town of Miami
or _____
City of _____

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 200
County Registrar No. 57
Local Registrar No. _____

No. 53 Brower 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. _____ 6. Legitimate? yes 7. Date of birth Jan. 27, 1927
5. No., in order of birth. _____ Month day year

3. FATHER
Full name Aurelio Flores
9. 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)
12. Birthplace (city or place) Guaymas
(State or country) Mex.
13. Occupation
Nature of industry Carpenter

14. MOTHER
Full maiden name Rosa Johnson
15. Residence (Usual place of abode) Miami
If nonresident, give place and state Arizona
16. Color or race Mex.
17. Age at last birthday 30 (Years)
18. Birthplace (city or place) Tularosa
(State or country) New Mex.
19. Occupation
Nature of industry Housewife

20. Number of children of this mother (a) Born alive and now living. 6
(Taken as of time of birth of child herein certified and including this child.) (b) Born alive but now dead. 2
(c) Stillborn _____ 21. Were precautions taken against ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE? 30

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.)

Signature Cyril M. Brown, M.D.
(Physician or midwife)
Address Miami, Arizona
Given name added from a supplemental report _____
Month, day, year. Filed Jan 7, 1927 C. E. Dwyer
Local Registrar.

Registrar. _____ Filed _____ County Registrar.

162-127-915