

# ARIZONA STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS ORIGINAL CERTIFICATE OF BIRTH

State Index No. 106  
County Registrar No. 88  
Local Registrar No. 88

**PLACE OF BIRTH**

1. County of Gila  
District of \_\_\_\_\_  
Town of Miami  
or \_\_\_\_\_  
City of \_\_\_\_\_

No. Miami Infirmary Hospital St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Alvin Allen Floss { If child is not yet named, make supplemental report, as directed.

3. 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 March 1, 1927  
Month Day Year

8. FATHER  
Full name Fred Carl Floss

14. MOTHER  
Full maiden name Lena Mae Doyle

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

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

10. Color or race white 11. Age at last birthday 31 (Years)

16. Color or race white 17. Age at last birthday 28 (Years)

12. Birthplace (city or place) Portland  
(State or country) Oregon

18. Birthplace (city or place) Flagstaff,  
(State or country) Arizona

13. Occupation Assistant Chief Clerk  
Nature of industry Copper Smelter

19. Occupation Housewife  
Nature of industry \_\_\_\_\_

20. Number of children of this mother } (a) Born alive and now living 1  
(Taken as of time of birth of child herein } (b) Born alive but now dead 0  
certified and including this child.) } (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 alive at 12:10 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 J. J. Miller (Physician or midwife)  
Address Miami, Arizona

Given name added from a supplemental report. Month, day, year March 12, 1927 Local Registrar. Co. E. J. J. J.

Registrar \_\_\_\_\_ Filed \_\_\_\_\_ 19\_\_\_\_ County Registrar.

162-301-345

See that one square is filled in for each number of birth stated.