

PLACE OF BIRTH SUPPLEMENT ATTACHED

ARIZONA STATE BOARD OF HEALTH

County of Gila

District of _____

Town of Miami

or _____

City of _____

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 112

County Registrar No. _____

Local Registrar No. 102Full name of child Emeterio 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. yes 6. Legitimate? yes 7. Date of birth Mar. 3-1927 Month Day Year8. FATHER Full name Gilberto Flores9. Residence (Usual place of abode) Miami, Arizona If non-resident, give place and state.10. Color or race Mex. 11. Age at last birthday 23 (Years)12. Birthplace (city or place) Sonora, Mex. (State or country)13. Occupation Nature of industry Miner14. MOTHER Full maiden name Leonore Rojas15. 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) Zacatecas, Mex. (State or country)19. Occupation Nature of industry Housewife20. 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 2 (b) Born alive but now dead _____ (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 8 A. m. on the date above stated (Born alive or stillborn.)Signature Byrd M. Brown, M.D. (Physician or midwife.) Address 1 Miami, ArizonaGiven name added from a supplemental report. Filed Mar 28, 1927 C. E. Jinn Local Registrar. Month, day, year

Registrar _____ Filed _____, 19____ County Registrar _____

969-303-392