

each, and the number of each.

in order of birth stated.

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

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

BUREAU OF VITAL STATISTICS  
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 132  
County Registrar No. \_\_\_\_\_  
Local Registrar No. 222

2. Full name of child Rosa Flores  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)  
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  
5. No., in order of birth. 7. Date of birth 10-12-1927  
Month day year

8. FATHER  
Full name Pedro Flores

14. MOTHER  
Full maiden name Francisca Gallegos

9. Residence (Usual place of abode) Globe, Ariz.  
If nonresident, give place and state

15. Residence (Usual place of abode) Globe, Ariz.  
If nonresident, give place and state

10. Color or race Mexican

16. Color or race Int

11. Age at last birthday 23 (Years)

17. Age at last birthday 22 (Years)

12. Birthplace (city or place) Fort Apache  
(State or country) Arizona

18. Birthplace (city or place) Mexico  
(State or country)

13. Occupation miner  
Nature of industry

19. Occupation Housewife  
Nature of industry

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 One  
(b) Born alive but now dead none  
(c) Stillborn one  
21. Were precautions taken against opthalmia neonatorum? Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive at 8:25 A. (Born alive or stillborn.) on the date above stated.

\*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.  
Signature T. C. Harper  
Address Globe Ariz.

Given name added from supplemental report \_\_\_\_\_  
Month, day, year. Filed 10-31-27 Local Registrar.

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

962-1012-672