

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 146
Registered No. 484

1. PLACE OF BIRTH

County Gila State Arizona

District or Township _____ or Village _____

City Miami No. 1641 Sullivan St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

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

3. Sex of Child <u>female</u>	To be answered ONLY in event of plural births.	4. Twin, triplet or other.....	6. Legitimate? <u>Yes</u>
		5. No., in order of birth.....	7. Date of birth <u>Aug 12 1930</u> Month Day Year

3. FATHER
Full name Ignacio Flores

14. MOTHER
Full maiden name Dolores Gomez

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

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If non-resident, give place and state.

10. Color or race Mexican

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11. Age at last birthday 22 (Years)

17. Age at last birthday 19 (Years)

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

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

13. Occupation Miner
Nature of Industry Copper

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 4:43 P m on the date above stated.
(Born alive or stillborn)

Signature Jr. J. Miller
(Physician or midwife.)

Given name added from a supplement report. _____ Address Miami Arizona

Month, day, year _____
Registrar. Aug 20 19 30 Registrar.

469-812-479

each in order of birth stated.