

N. E.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.

**ARIZONA STATE BOARD OF HEALTH**  
**BUREAU OF VITAL STATISTICS**  
**STANDARD CERTIFICATE OF BIRTH**

State File No. 158  
 Registered No. 514

**1. PLACE OF BIRTH**  
 County Tulsa State Arizona  
 District or Township \_\_\_\_\_ or Village \_\_\_\_\_  
 City Miami No. 53 St. Brown Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)  
**2. Full name of child** Baby Floreg. (Male) (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** None **6. Legitimate?** Yes  
**7. Date of birth** Aug 16-1930  
 Month Aug Day 16 Year 1930  
**5. No. in order of birth** 2

**8. FATHER**  
 Full name Carroll Floreg  
**9. Residence** (Usual place of abode) Miami  
 If non-resident, give place and state. Ariz  
**10. Color or race** Wht  
**11. Age at last birthday** 38 (Years)  
**12. Birthplace** (city or place) Route  
 (State or country) Guaymas Mex  
**13. Occupation**  
 Nature of industry \_\_\_\_\_

**14. MOTHER**  
 Full maiden name Rosa Johnson  
**15. Residence** (Usual place of abode) Miami  
 If non-resident, give place and state. \_\_\_\_\_  
**16. Color or race** Wht  
**17. Age at last birthday** 32 (Years)  
**18. Birthplace** (city or place) Tula Rosa  
 (State or country) Mex Mexico  
**19. Occupation**  
 Nature of industry H/W

**20. Number of children of this mother** 9  
(Taken as of time of birth of child herein certified and including this child.)  
 (a) Born alive and now living 7  
 (b) Born alive but now dead 2  
 (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 alive at 11:30 P m. on the date above stated

Signature J. Jimenez Aldama, M.D. (Physician or midwife)  
 Address Miami Arizona  
 Filed Apr 30 1930 Registrar C. E. Jones  
 Registrar \_\_\_\_\_

\*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.

062-616-912