

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS STANDARD CERTIFICATE OF BIRTH

145
State File No. 532
Registered No. _____

1. PLACE OF BIRTH

County Gila State Arizona

District or Township _____ or Village _____

City Miami No. 505-A Arden St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

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

3. Sex of Child } 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 Sept 11 1930
Month Day Year

8. FATHER
Full name Antonio Flores

9. Residence (Usual place of abode) El Paso
If non-resident, give place and state. Texas

10. Color or race Mexican

11. Age at last birthday 21 (Years)

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

13. Occupation Printer helper
Nature of Industry _____

14. MOTHER
Full maiden name Maria Ruiz

15. Residence (Usual place of abode) El Paso
If non-resident, give place and state. Texas

16. Color or race Mexican

17. Age at last birthday 17 (Years)

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

19. Occupation Housewife
Nature of Industry _____

20. Number of children of this mother. 2 } (a) Born alive and now living. 2 } 21. Were precautions taken against ophthalmia neonatorum? Yes
(Taken as of time of birth of child herein certified and including this child.) } (b) Born alive but now dead. 0 }
(c) Stillborn 0 }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at 3:59 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. Forman
(Physician or midwife)

Given name added from a supplement report _____ Address Miami, Arizona
Month, day, year _____
Filed Sept 30 1930 Registrar C. E. Jones

362-911-499

REPRODUCED FROM THE ORIGINAL RECORDS OF THE ARIZONA STATE BOARD OF HEALTH