

ARIZONA STATE BOARD OF HEALTH

State File No. 90

BUREAU OF VITAL STATISTICS

Registered No. 2

STANDARD CERTIFICATE OF BIRTH

1. PLACE OF BIRTH

County Gila State Arizona
 Township _____ or Village _____
 City San Juan No. _____ St. _____ Ward _____

2. Full name of child Jose Refugio 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 Male If plural Births _____ 4. Twin, triplet, or other _____ 6. Premature Full term 7. Legitimate Yes 8. Date of birth Jan 6, 1952
(Month, day, year)

9. Full name of FATHER Joaquin Flores
 10. Residence (usual place of abode) San Juan
(If nonresident, give place and State)
 11. Color Mex 12. Age at last birthday 40 (Years)
 13. Birthplace (city or place) La Oroya, Sonora, Mex
(State or country)
 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. laborer
 15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____
 16. Date (month and year) last engaged in this work _____, 19____

18. Full maiden name of MOTHER Adelita Acosta
 19. Residence (usual place of abode) San Juan
(If nonresident, give place and State)
 20. Color Mex 21. Age at last birthday 33 (Years)
 22. Birthplace (city or place) Maricopa
(State or country)
 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____
 25. Date (month and year) last engaged in this work _____, 19____ 26. Total time (years) spent in this work _____

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 4 (b) Born alive but now dead 0 (c) Stillborn 0
 28. If stillborn, period of gestation _____ { months or weeks } 29. Cause of stillbirth _____
 Before labor _____
 During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ (Born alive or stillborn) at 9:15 m. on the date above stated

(Signed) Charles H. Husted, M.D. Midwife

or _____ Address San Juan, Arizona

Filed Jan 7, 1952 W.D. H. [Signature] Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Given name added from a supplemental report _____ (Date of) _____
169-106-111 Registrar