

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

State File No. 138
 Registered No. 80

1. PLACE OF BIRTH

County Gila State ARIZONA
 District or Township _____ or Village _____
 City MIAMI No. 506 Pinta St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Martha Flaux (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 March 20 1932
Month Day Year

8. FATHER
 Full name Valeriano Flaux
 9. Residence (Usual place of abode) MIAMI, ARIZONA
 If non-resident, give place and state.

14. MOTHER
 Full maiden name Serafina Raygoza
 15. Residence (Usual place of abode) MIAMI, ARIZONA
 If non-resident, give place and state.

10. Color or race Mexican 11. Age at last birthday 34 (Years)

16. Color or race Mexican 17. Age at last birthday 34 (Years)

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

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

13. Occupation miner
 Nature of Industry Copper

19. Occupation Housewife
 Nature of Industry _____

20. Number of children of this mother _____
(Taken as of time of birth of child hereat certified and including this child.)
 (a) Born alive and now living 1
 (b) Born alive but now dead 0
 (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 11:50 P 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 F. F. Miller

F. F. MILLER, M. D.
(Physician or midwife)

Given name added from a supplemental report _____
 Month, day, year _____

Address MIAMI, ARIZONA

Filed April 7, 1932 L. E. Drmie
 Registrar

469-320-291

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
 N. B.—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.
 ORIGINAL RESERVED FOR BINDING