ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 86
Registered No.
Arizona 27

1. PLACE OF BIRTH

County Gila State Arizona

Township or Village

City Hayden No. St. Ward

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Delia Flores (If child is not yet named, make supplemental report, as directed)

3. Sex Female | If plural births: 4. Twin, triplet, or other; 5. Number, in order of birth | 6. Premature; Full term x | 7. Legitimate? Yes | 8. Date of birth July 1st, 1933 (Month, day, year)

FATHER	MOTHER
9. Full name Francisco Flores	18. Full maiden name Paz Mendoza
10. Residence (usual place of abode) (If non-resident, give place and State) Hayden, Arizona	19. Residence (usual place of abode) (If non-resident, give place and State) Hayden, Arizona
11. Color or race Mexico	20. Color or race Mexican
12. Age at last birthday 36 (Years)	21. Age at last birthday 28 (Years)
13. Birthplace (city or place) Recilito, (State or country) Sonora, Mexico	22. Birthplace (city or place) La Cananea, (State or country) Sonora, Mexico
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Copper Smelter	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Home
16. Date (month and year) last engaged in this work May, 1933	25. Date (month and year) last engaged in this work June, 1933
17. Total time (years) spent in this work 6	26. Total time (years) spent in this work 9 yrs

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 6 (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 (Born alive or stillborn) at 11.30 P m. on the date above stated

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

(Signed) Charles B. Hirst M.D.

or , Midwife

Address Hayden, Arizona

Given name added from a supplemental report (Date of)

Filed July 5th, 1933 [signature] Registrar.

Registrar.

SM 3-17-32 [illegible]

469-701-741

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