ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 97

Registered No.

1. PLACE OF BIRTH

County Gila State Arizona

Township or Village

City Miami No. 53 Grover Canon St. Ward

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

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

3. Sex Male | If plural births: 4. Twin, triplet, or other 5. Number, in order of birth | 6. Premature Full term 40 | 7. Legitimate Yes | 8. Date of birth Nov. 2, 1933. (Month, day, year)

FATHER	MOTHER
9. Full name Aurelio M. Flores	18. Full maiden name Rosa Johnson
10. Residence (usual place of abode) (If nonresident, give place and State) Miami, Arizona.	19. Residence (usual place of abode) (If nonresident, give place and State) Miami, Arizona.
11. Color or race Mex. 12. Age at last birthday 42 (Years)	20. Color or race Mex. 21. Age at last birthday 36 (Years)
13. Birthplace (city or place) Guanajuato, (State or country) Mex.	22. Birthplace (city or place) Tularosa, (State or country) New Mexico.
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter	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.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
16. Date (month and year) last engaged in this work Nov. 2, 1933	25. Date (month and year) last engaged in this work, 19
17. Total time (years) spent in this work 22	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 (b) Born alive but now dead (c) Stillborn

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 9,50A m. on the date above stated

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

(Signed) Cyril M. Brown, M.D.

or Midwife

Address Miami, Arizona

Given name added from a supplemental report (Date of)

Filed Dec. 14, 1933. Cyril M. Brown Registrar.

Registrar.

362-1102-915

As much care of more than one child as a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.

THIS IS A PERMANENT RECORD