

2593

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. _____
Registered No. 215

1. PLACE OF BIRTH
 County Gila State Arizona
 District or Township _____ or Village _____
 City Globe No. _____ (If birth occurred in a hospital or institution, give its NAME instead of street and number) Ward _____
 2. Full name of child SUAN FLORES (If child is not yet named, make supplemental report, as directed.)

3. Sex of Child male To be answered ONLY in event of plural births. } 4. Twin, triplet or other. _____
 5. No. in order of birth. _____ 6. Legitimate? _____ 7. Date of birth June 24 1905
 Month Day Year

8. FATHER
 Full name Pablo Flores
 9. Residence (Usual place of abode) Globe, Ariz
 If non-resident, give place and state.
 10. Color or race Mexican
 11. Age at last birthday 30 (Years)
 12. Birthplace (city or place) Mexico
 (State or country)
 13. Occupation railroad employe
 Nature of Industry foreman

14. MOTHER
 Full maiden name Salome Roque
 15. Residence (Usual place of abode) Globe, Ariz
 If non-resident, give place and state.
 16. Color or race Mexican
 17. Age at last birthday 23 (Years)
 18. Birthplace (city or place) Mexico
 (State or country)
 19. Occupation housewife
 Nature of Industry _____

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE
 I hereby certify that I attended the birth of this child, who was born alive at _____ on the date above stated.
 (Born alive or stillborn)

Signature Salome Roque
 *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.

Given name added from a supplemental report _____
 Month, day, year _____ Address 915 Summit Ave Los Angeles
 Registrar H. E. Wightman
 Filed 12-2 1930

MARGIN RESERVED FOR BINDING :
 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.

160-624-125