PLACE OF BIRTH

ounty of Gila

trict of

wn of

or

of Miami

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 190

Co. Register No. 434

Local Registrar's No.

(No. St; Ward)

NAME OF CHILD Albert Flores

d is not named, make Supplemental Report on blank obtainable from local registrar.

Born Alive YES ~~NO~~

f d Male	Twin, Triplet or Other	and	Number in order of birth	Legitimate yes

Date of Birth Aug 30 1918 (Month) (Day) (Yr.)

FATHER		MOTHER	
me	Ambrosio F. Flores	Full Maiden Name	Carmen Esponiza
sidence	Miami, Ariz.	Residence	Miami Ariz.
lor Race	Spanish	Color or Race	Spanish
Age at last Birthday	31 (Years)	Age at last Birthday	28 (Years)
thplace	Arizona	Birthplace	Arizona
cupation	Candy-maker	Occupation	Housewife

er of child of this mother 7 | Number of Children, of this mother, now living 6 | Were precautions taken against Ophthalmia neonatorum? Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

ereby certify that I attended the birth of the above child; and that it occurred on Aug 30 1918, at 6:13 P.M.

*When there is no attending physi-an or midwife, then the householder ould make this return.

(Signature) C R Swackhamer M.D.

(Attending physician, ~~midwife, householder.~~*)

ven or Christian name added from a

emental report 191

Address Miami Ariz.

Filed Sept 22 1918

John H Kane

LOCAL REGISTRAR.

162-830-357

Filed Oct 11 1918

A True Copy

B G Jac

COUNTY REGISTRAR.