

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

State File No. 90-a
Registered No. 8

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; If child is not yet named, make supplemental report, as directed)

2. Full name of child Lucia Flores,

3. Sex <u>Female</u>	If plural births	4. Twin, triplet, or other.....	6. Premature _____ Full term <u>X</u>	7. Legitimate? <u>Yes</u>	8. Date of birth <u>Dec 3rd</u> , 19 <u>19</u> (Month, day, year)
		5. Number, in order of birth.....			

9. Full name <u>Joaquin Flores</u>	FATHER	18. Full maiden name <u>Adela Acosta</u>	MOTHER
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10. Residence (usual place of abode) (If nonresident, give place and State) <u>Hayden, Ariz.</u>	19. Residence (usual place of abode) (If nonresident, give place and State) <u>Hayden, Ariz.</u>
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11. Color or race <u>Mex</u>	12. Age at last birthday <u>26</u> (Years)	20. Color or race <u>Mex</u>	21. Age at last birthday <u>22</u> (Years)
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13. Birthplace (city or place) (State or country) <u>La Pura, Sonora, Mex.</u>	22. Birthplace (city or place) (State or country) <u>Cumaripa, Sonora, Mex.</u>
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14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Laborer</u>	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u>
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15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>Copper Smelter</u>	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>At Home</u>
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16. Date (month and year) last engaged in this work <u>Dec 2, 1919</u>	17. Total time (years) spent in this work <u>5y9</u>	25. Date (month and year) last engaged in this work <u>Dec 3, 1919</u>	26. Total time (years) spent in this work <u>3y</u>
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27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 2 (b) Born alive but now dead 0 (c) Stillborn 0

28. If stillborn, period of gestation _____ months or weeks

29. Cause of stillbirth _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 4:30A m. on the date above state (Born alive or stillborn)

(Signed) Adela Flow Mother, M.M.
or _____, Midwife

Given name added from a supplemental report _____
(Date of) 362-1203-111
Address Hayden, Arizona
Filed Mar 11, 1932 W.D. Pratt Registrar.

While Filing with Registrar, a SEPARATE RETURN must be made for each, and the number of each 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.