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

State File No. 181
Registered No. _____
Arizona _____

1. PLACE OF BIRTH

County Cochise State **ARIZONA**
Township M or Village _____
City Mit No. _____ St. _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Maria Flores (If child is not yet named, supplemental report, as d

3. Sex Female If plural births _____
4. Twin, triplet, or other _____ Number, in order of birth _____
6. Premature _____ Full term X
7. Legitimate? Yes
8. Date of birth Dec 24th, 19____ (Month, day, year)

9. Full name Juan Flores FATHER

18. Full maiden name Ana Bryalva MOTHER

10. Residence (usual place of abode) Miami Ariz
(If non-resident, give place and State)

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(If non-resident, give place and State)

11. Color or race Mex 12. Age at last birthday 43 (Years)

20. Color or race Mex 21. Age at last birthday 29 (Years)

13. Birthplace (city or place) Ures
(State or country) Son Mexico

22. Birthplace (city or place) Pulpito
(State or country) Chihuahua Mexico

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Common labor

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, _____

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 _____, 19____

25. Date (month and year) last engaged in this work _____, 19____

17. Total time (years) spent in this work _____
18. Total time (years) spent in this work _____
7. Number of children (At time of this birth) _____ is mother including this child (a) Born alive and now living 4th (b) Born alive but now dead _____ (c) Stillborn X

8. If stillborn, period of gestation _____ months or weeks 29. Cause of stillbirth 462-1224-171 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 at _____ m. on the date above stated

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

Name added from supplemental report Juan Flores or _____ (Date, if applicable) _____