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This certificate must be filed by the attending Physician or midwife with each local Registrar within 5 days after birth.

**ARIZONA STATE BOARD OF HEALTH**  
BUREAU OF VITAL STATISTICS

State Index No. 150  
Co. Registrar's No. 109  
Local Registrar's No. \_\_\_\_\_

PLACE OF BIRTH  
County of Mila  
District of \_\_\_\_\_  
Town of Miami  
or  
City of \_\_\_\_\_ (No. \_\_\_\_\_ St. \_\_\_\_\_ Ward)

FULL NAME OF CHILD Aurelio Flores Born  YES  
If child is not named, make Supplemental Report on blank obtainable from local registrar. Alive  NO

Sex of Child <u>Male</u>	Twin <input checked="" type="checkbox"/> Triplet <input checked="" type="checkbox"/> or other _____	and	Number in order of birth <u>1</u>	Legitimate? <u>yes</u>	Date of Birth <u>Feb. 18 - 1921</u>
Month _____	Day _____	Yr. _____			
<b>FATHER</b> Full Name <u>Aurelio Flores</u> Residence <u>Miami, Arizona</u> Color or Race <u>Mex</u> Age at last Birthday <u>29</u> Years Birthplace <u>Juanajuato, Mexico</u> Occupation <u>Carpenter</u>			<b>MOTHER</b> Full Maiden Name <u>Rosa Johnson</u> Residence <u>Miami, Arizona</u> Color or Race <u>Mex</u> Age at last Birthday <u>23</u> Years Birthplace <u>Jularosa, New Mexico</u> Occupation <u>Housewife</u>		
Number of child of this Mother <u>4</u>	Number of Children, of this mother, now living <u>4</u>	Were precautions taken against Ophthalmia neonatorum? <u>yes</u>			

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

I hereby certify that I attended the birth of the above child; and that it occurred on Feb. 18 - 1921, at 2 P.M.

\*When there is no attending physician or midwife, then the householder should make this return.

Signature Doris M. Crow M.D.  
Attending physician, midwife, householder.\*

Address Miami, Arizona

Given or Christian name added from a supplemental report \_\_\_\_\_ 1921

162-218-915  
COUNTY REGISTRAR.

Filed Feb 28. 1921  
A True Copy  
Filed Mar 7. 1921

B. W. Hardy M.D.  
LOCAL REGISTRAR.  
D. J. Fox  
COUNTY REGISTRAR.