

1166

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.

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Bien
District of _____
Town of Miami
or _____
City of _____

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 154
Co. Registrar No. 254
Local Registrar No. _____

No. 623 Live Oak St. _____ Ward) _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Aniceta Flory } If child is not yet named, make supplemental report, as directed

3. Sex of child female } To be answered ONLY in event of plural births.
4. Twin, triplet or other _____
5. No., in order of birth _____
6. Legitimate? yes
7. Date of birth April 17, 1923 (Month, day, year)

8. FATHER
Full name Sebastian Flory
9. Residence Miami, Ariz
(Usual place of abode)
If nonresident, give place and State

14. MOTHER
Full maiden name Ysidra Alana
15. Residence Miami, Ariz
(Usual place of abode)
If nonresident, give place and State

10. Color or race Mexican
11. Age at last birthday 39 (Years)
12. Birthplace (city or place) Mex. Co
(State or country)

16. Color or race Mexican
17. Age at last birthday 26 (Years)
18. Birthplace (city or place) El Paso, Texas
(State or country)

13. Occupation miner
Nature of Industry

19. Occupation Housewife
Nature of Industry

20. Number of children of this mother (Taken as of time of birth of child here-in certified and including this child.)
(a) Born alive and now living 2 (b) Born alive but now dead 2 (c) Stillborn 0

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at 4:15 P. m. on the date above stated.
(Born alive or stillborn)

*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.
Signature J. J. Miller
(Physician or midwife)
Address Miami, Ariz

Given name added from a supplemental report _____
(Month, day, year)
Filed Apr 30, 1923 R. S. Davis Local Registrar.
Filed 5-5, 1923 R. S. Davis County Registrar.

Registrar. 169-417-811