

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
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.

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

1. County of Gila PLACE OF BIRTH
District of _____
Town of Miami
or _____
City of _____ No. Parto Rico Hill St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

State Index No. 123
County Registrar No. 534
Local Registrar No. _____

2. Full name of child Conception Flores
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 Dec. 8, 1923 Month Dec day 8 year 1923
(If child is not yet named, make supplemental report, as directed.)

8. FATHER
Full name Felix Flores
9. Residence (Usual place of abode) Miami, Arizona
If nonresident, give place and state From Miami
10. Color or race Mexican
11. Age at last birthday 41 (Years)
12. Birthplace (city or place) M
(State or country) Mexico
13. Occupation Mucker
Nature of industry Copper Mining

14. MOTHER
Full maiden name Lucia Acero
15. Residence (Usual place of abode) Miami (From Miami) Ariz.
If nonresident, give place and state _____
16. Color or race Mexican
17. Age at last birthday 16 (Years)
18. Birthplace (city or place) _____
(State or country) Mexico
19. Occupation Housewife
Nature of industry _____

20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.)
(a) Born alive and now living 1
(b) Born alive but now dead 0
(c) Stillborn 0
21. Were precautions taken against ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*
I hereby certify that I attended the birth of this child, who was alive at 11:25 P. 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 evidences of life after birth.
Given name added from a supplemental report _____
Signature J. T. Miller (Physician or midwife)
Address Miami, Arizona
Filed Dec 31, 1923 Local Registrar. C. E. Davis
Filed 1-4 County Registrar. J. J. Joy
Registrar. _____

369-1208-316