

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 State Index No. 126
District of _____ County Registrar No. 837
Town of _____ Local Registrar No. _____
or Globe No. _____ St. _____ Ward _____
City of _____ (If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Esmundo Flores Reyes } If child is not yet named, make supplemental report, as directed.

3. Sex of Child M. To be answered ONLY in event of plural births. 4. Twin, triplet or other? _____ 6. Legitimate? _____ 7. Date of birth Dec 9 1923
Month day year

8. FATHER Full name <u>Alberto Reyes</u>	14. MOTHER Full maiden name <u>Blaza Flores</u>
9. Residence (Usual place of abode) <u>Eucledia St Globe</u> If nonresident, give place and state	15. Residence (Usual place of abode) <u>Eucledia St Globe</u> If nonresident, give place and state
10. Color or race <u>Mex</u>	16. Color or race <u>Mex</u>
11. Age at last birthday <u>29</u> (Years)	17. Age at last birthday <u>27</u> (Years)
12. Birthplace (city or place) <u>Mexico</u> (State or country)	18. Birthplace (city or place) <u>Morenci</u> (State or country) <u>Ariz</u>
13. Occupation <u>Miner</u> Nature of industry	19. Occupation <u>Housewife</u> Nature of industry

20. Number of children of this mother (a) Born alive and now living 4
(b) Born alive but now dead 0
(c) Stillborn _____ 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 _____ at _____ m. on the date above stated.
(Born alive or stillborn.)

Signature W. W. Host
(Physician or midwife)

*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 _____
Month, day, year.

Filed 12-12 1923 B. G. Joy Registrar.
Filed 1-6 1924 B. G. Joy County Registrar.

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