

In order of birth stated.

**ARIZONA STATE BOARD OF HEALTH**  
BUREAU OF VITAL STATISTICS  
ORIGINAL CERTIFICATE OF BIRTH

PLACE OF BIRTH Gila

1. County of Gila State Index No. 103  
District of \_\_\_\_\_ County Registrar No. 113  
Town of miami Local Registrar No. \_\_\_\_\_  
or \_\_\_\_\_  
City of \_\_\_\_\_ No. 804 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 Andrea 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. Legitimate? yes 6. Date of birth February 2, 1924  
Month day year

<p>8. <b>FATHER</b></p> <p>Full name <u>Jesus Flory</u></p> <p>9. Residence (Usual place of abode) <u>miami, Ariz.</u> If nonresident, give place and state</p> <p>10. Color or race <u>mexican</u></p> <p>11. Age at last birthday <u>33</u> (Years)</p> <p>12. Birthplace (city or place) _____ (State or country) <u>mexico</u></p> <p>13. Occupation <u>miner</u> Nature of industry <u>Copper</u></p>	<p>14. <b>MOTHER</b></p> <p>Full maiden name <u>Ignacia Almey</u></p> <p>15. Residence (Usual place of abode) <u>miami, Arizona</u> If nonresident, give place and state</p> <p>16. Color or race <u>mexican</u></p> <p>17. Age at last birthday <u>42</u> (Years)</p> <p>18. Birthplace (city or place) _____ (State or country) <u>mexico</u></p> <p>19. Occupation <u>Housewife</u> Nature of industry _____</p>
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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 7  
(b) Born alive but now dead 4  
(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 2:20 PM 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 evidences of life after birth.

Given name added from a supplemental report \_\_\_\_\_  
Month, day, year. \_\_\_\_\_

Signature J. J. Miller Physician or midwife  
Address miami, Arizona  
Filed Feb 29 1924 R. E. Jwin Local Registrar.  
Filed 3/5 1924 B. G. J. at County Registrar.

Registrar.  
169-203-919