

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

PLACE OF BIRTH
1. County of Mila
District of _____
Town of Miami
or _____
City of _____ No. _____ St. _____ Ward _____

State Index No. 144
County Registrar No. 142
Local Registrar No. _____

2. Full name of child Flavio Santos (If birth occurred in a hospital or institution, give its NAME instead of street and number) } If child is not yet named, make supplemental report, as directed.

3. Sex of Child Male To be answered ONLY in event of plural births. 4. Twin, triplet or other _____ 5. No., in order of birth 9 6. Legitimate? yes 7. Date of birth Feb. 15-1924 Month day year

8. FATHER Full name <u>Flavio Santos</u>		14. MOTHER Full maiden name <u>Martianah de La Riva</u>	
9. Residence (Usual place of abode) <u>Miami, Ariz.</u> If nonresident, give place and state		15. Residence (Usual place of abode) <u>Miami, Ariz.</u> If nonresident, give place and state	
10. Color or race <u>Mex</u>	11. Age at last birthday <u>37</u> (Years)	16. Color or race <u>Mex</u>	17. Age at last birthday <u>32</u> (Years)
12. Birthplace (city or place) (State or country) <u>Orango-Mexico</u>		18. Birthplace (city or place) (State or country) <u>Zacatecas Mexico</u>	
13. Occupation Nature of industry <u>Miner</u>		19. Occupation Nature of industry <u>Housewife</u>	

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 5 (b) Born alive but now dead 4 (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 born (Born alive or stillborn.) at 10 P. m. on the date above stated.

*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 C. M. Crow M.D. (Physician or midwife)
Address Miami, Ariz.
Filed Feb 29, 1924 Local Registrar. C. G. Jones
Filed 3-5-24 County Registrar. B. G. Jones

Registrar. _____

622-215-441