

Damaged Document(s)

PLACE OF BIRTH		ARIZONA STATE BOARD OF HEALTH			
1. County of <u>Yuma</u>		BUREAU OF VITAL STATISTICS		State Index No. <u>143a</u>	
District of <u>Arizona</u>		ORIGINAL CERTIFICATE OF BIRTH		County Registrar No. <u>34</u>	
Town of <u>Hayden</u>				Local Registrar No. _____	
City of _____		(If birth occurred in a hospital or institution, give its NAME instead of street and number)		St. _____ Ward _____	
2. Full name of child <u>Alfonso Flores</u>				If child is not yet named, make supplemental report, as directed.	
3. Sex of Child <u>Male</u>	To be answered ONLY in event of plural births.	4. Twin, triplet or other _____	5. No., in order of birth _____	6. Legitimate? <input checked="" type="checkbox"/>	7. Date of birth <u>Mar. 11-1924</u>
5. FATHER			14. MOTHER		
Full name <u>Juan B. Flores</u>			Full maiden name <u>Rosa Henri Flores</u>		
6. Residence (Usual place of abode) <u>Hayden</u>			15. Residence (Usual place of abode) <u>Hayden</u>		
If nonresident, give place and state _____			If nonresident, give place and state _____		
16. Color or race <u>Mexican</u>		11. Age at last birthday <u>35</u> (Years)		17. Age at last birthday <u>24</u> (Years)	
12. Birthplace (city or place) <u>Realito</u>		18. Birthplace (city or place) <u>Colorado</u>		19. Occupation _____	
(State or country) <u>Sonora, Mexico</u>		(State or country) <u>Sonora, Mexico</u>		Nature of industry _____	
13. Occupation _____		20. Number of children of this mother _____		21. Were precautions taken against ophthalmia neonatorum? _____	
Nature of industry <u>Labor</u>		(a) Born alive and now living <u>Yes</u>			
20. (Taken in _____ of time of birth of child herein and including this child.)		(b) Born alive but now dead _____			
		(c) Stillborn _____			
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*					
I hereby certify that I attended the birth of this child, who was <u>born alive</u> at _____ 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. Given as added from _____ report			Signature <u>Amelia Hernandez de Lopez</u>		
			(Physician or midwife)		
Address _____			Filed <u>Jan 20</u> 19 <u>25</u>		
Month, day, year. <u>162-311-90A</u>			Local Registrar. <u>G. E. Wightman</u>		
Registrar.			Filed <u>217</u> 19 <u>25</u> County Registrar.		