

1123

PLACE OF BIRTH

1. County of Gila

District of _____

Town of Miami

or _____

City of _____ No. _____ St. _____ Ward _____

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

State Index No. 113

County Registrar No. 616

Local Registrar No. _____

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Clouisa Flores } 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. No., in order of birth 6 6. Legitimate? yes 7. Date of birth Aug. 5 - 1924
Month day year

8. FATHER
Full name Sebastian Flores

9. Residence (Usual place of abode) Miami Ariz.
If nonresident, give place and state

10. Color or race Mex. 11. Age at last birthday 40 (Years)

12. Birthplace (city or place) Ventura Mex.
(State or country)

13. Occupation
Nature of industry Miner

14. MOTHER
Full maiden name Cedra Acuna

15. Residence (Usual place of abode) Miami Ariz.
If nonresident, give place and state

16. Color or race Mex. 17. Age at last birthday 25 (Years)

18. Birthplace (city or place) El Paso Texas
(State or country)

19. Occupation
Nature of industry Housewife

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 3 (b) Born alive but now dead 3 (c) Stillborn _____ 21. Were precautions taken against yes ophthalmia neonatorum?

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born at 3 a. on the date above stated.
(Born alive or stillborn)

Signature Loyd M. Brown M.D. (Physician or midwife)
Address Miami, Ariz.

Given name added from a supplemental report _____ Filed Aug 31 1924 Local Registrar.

Month, day, year. Filed 9-5 1924 County Registrar.

Registrar.

County Registrar.

569-805-511

MARGIN RESERVED FOR BINDING
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.