

WRITING 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.

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

1. County of Maricopa
 District of _____
 Town of Miami
 or _____
 City of _____ No. _____ St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

State Index No. 142
 County Registrar No. 575
 Local Registrar No. _____

2. Full name of child Florenzio Flores 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 8 6. Legitimate? yes 7. Date of birth Nov-7-1924
Month day year

8. FATHER
 Full name Cayetano Flores
 9. Residence (Usual place of abode) Miami
If nonresident, give place and state Ariz
 10. Color or race Mex.
 11. Age at last birthday 40 (Years)
 12. Birthplace (city or place) Jalisco
(State or country) Mex
 13. Occupation
Nature of industry Miner

14. MOTHER
 Full maiden name Augustina Gonzalez
 15. Residence (Usual place of abode) Miami
If nonresident, give place and state Ariz
 16. Color or race Mex
 17. Age at last birthday 36 (Years)
 18. Birthplace (city or place) Gomez Palacio
(State or country) Mex.
 19. Occupation
Nature of industry Housewife

20. Number of children of this mother (a) Born alive and now living 8 (b) Born alive but now dead _____ (c) Stillborn _____
(Taken as of time of birth of child herein certified and including this child.) 21. Were precautions taken against cephalic haematomata? _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born at 7 A. 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.
 Signature Lyril M. Brown M.D. (Physician or midwife)
 Address Miami, Ariz.
 Filed Nov 30 1924 W. E. J. J. J. Local Registrar.
 Filed DEC 5 1924 B. G. J. J. County Registrar.

Registrar. _____

662-1107-179