

1151

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.

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS ORIGINAL CERTIFICATE OF BIRTH

PLACE OF BIRTH		State Index No. <u>179</u>	
1. County of <u>Gila,</u>	County Registrar No. <u>906</u>		Local Registrar No. _____
District of <u>Globe,</u>	St. _____		Ward _____
Town of _____	City of <u>Globe,</u>		No. _____
or _____		(If birth occurred in a hospital or institution, give its NAME instead of street and number)	
2. Full name of child <u>Helen Flores,</u>) If child is not yet named, make supplemental report, as directed.	
3. Sex of Child <u>Female</u>	To be answered ONLY in event of plural births.	4. Twin, triplet or other _____	5. No., in order of birth _____
		6. Legitimate? <u>Yes</u>	7. Date of birth <u>11</u> <u>19</u> <u>1924</u> Month day year
8. FATHER		14. MOTHER	
Full name <u>Ambrocis Flores,</u>		Full maiden name <u>Carmen Espinoza,</u>	
9. Residence (Usual place of abode) <u>Globe,</u>		15. Residence (Usual place of abode) <u>Globe,</u>	
If nonresident, give place and state _____		If nonresident, give place and state _____	
10. Color or race <u>Spanish</u>	11. Age at last birthday <u>38</u> (Years)	16. Color or race <u>Mex.</u>	17. Age at last birthday <u>34</u> (Years)
12. Birthplace (city or place) <u>Florance,</u>		18. Birthplace (city or place) <u>Sonora,</u>	
(State or country) <u>Ariz.</u>		(State or country) <u>Mex.</u>	
13. Occupation		19. Occupation	
Nature of industry <u>Baker</u>		Nature of industry <u>Housewife,</u>	
20. Number of children of this mother (Taken as of time of birth of child heretofore certified and including this child.)		21. Were precautions taken against ophthalmia neonatorum?	
(a) Born alive and now living <u>9</u>		<input type="checkbox"/>	
(b) Born alive but now dead <u>1</u>		<input type="checkbox"/>	
(c) Stillborn <u>0</u>		<input type="checkbox"/>	
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*			
I hereby certify that I attended the birth of this child, who was <u>Born alive</u> at <u>8 P.M.</u> 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 <u>G. E. Wightman</u> (Physician or midwife)	
Given name added from a supplemental report _____		Address <u>Globe, Ariz.</u>	
Month, day, year _____		Filed <u>11-30</u> 19 <u>24</u>	
Registrar. _____		Local Registrar. <u>B. J. Gray</u>	
		County Registrar. <u>B. J. Gray</u>	

862-119-321