

MARGIN RESERVE 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.

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

State File No. 139. A^v
 Registered No. 195

1. PLACE OF BIRTH
 County Gila State Arizona
 District or Township _____ or Village _____
 City Miami No. _____ St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Rosa 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. Legitimate?** yes **7. Date of birth** March 7, 1925
Month Day Year

8. FATHER
 Full name Aurelio Flores
 Residence (Usual place of abode) Claypool Ariz.
 If non-resident, give place and state. _____
 10. Color or race Mex.
 11. Age at last birthday 33 (Years)
 12. Birthplace (city or place) Guamajuato Mex.
 (State or country) _____
 13. Occupation
 Nature of industry Carpenter

14. MOTHER
 Full maiden name Rosa Johnson
 15. Residence (Usual place of abode) Claypool Ariz.
 If non-resident, give place and state. _____
 16. Color or race Mex.
 17. Age at last birthday 26 (Years)
 18. Birthplace (city or place) Tularosa, New Mex.
 (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 5
 (b) Born alive but now dead 2
 (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 at 9 P. m. on the date above stated
(Born alive or stillborn)

Signature Beryl M. Cron M.D.
Physician
(Physician or midwife).

Given name added from a supplemental report _____ Address Miami, Ariz.
 Month, day, year _____

Filed Aug 8, 1925 C. E. Dora
 Registrar _____ Registrar

962-307-915