

THE UNNECESSARY INK—THIS IS A PERMANENT RECORD—

A case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the numb. of each, in order of birth stated.

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Essex

District of _____

Town of _____

or Miami

City of _____

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 165

County Registrar No. 769

Local Registrar No. _____

No. 376 Davis Camp east Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Ramon Flores Jr. } 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 _____

6. Legitimate? yes

7. Date of birth Aug 10 - 1926
Month day year

8. FATHER
Full name Ramon Flores

14. MOTHER
Full maiden name Julia Martinez

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

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

10. Color or race Mexican

11. Age at last birthday 29 (Years)

16. Color or race Mexican

17. Age at last birthday 23 (Years)

12. Birthplace (city or place) Mexico
(State or country)

18. Birthplace (city or place) Mexico
(State or country)

13. Occupation Miner
Nature of industry

19. Occupation Housewife
Nature of industry

20. Number of children of this mother } (a) Born alive and now living 3
(Taken as of time of birth of child herein } (b) Born alive but now dead none
certified and including this child.) } (c) Stillborn none

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 _____ at 11 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.
Given name added from a supplemental report

Signature A. J. Jotel mid.
(Physician or midwife)

Address Miami, Fla

Filed Aug 12, 1926 10.6 Local Registrar

Month, day, year. _____
Registrar.

Filed _____ 19____ County Registrar.

902-812-149