PLACE OF BIRTH

1. County of Gila

District of

Town of

or

City of Miami

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 130

County Registrar No.

Local Registrar No. 845

No. 884 Red Springs St. Ward

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

2. Full name of child Nino 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 Sept 13. 1926 (Month Day Year)

8. FATHER

Full name Julian Flores

9. Residence (Usual place of abode) Miami

If non-resident, give place and state. Arizona

10. Color or race Mexican | 11. Age at last birthday 32 (Years)

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

13. Occupation Nature of industry Miner

14. MOTHER

Full maiden name Maria Flores

15 Residence (Usual place of abode) Miami

If non-resident, give place and state. Arizona

16 Color or race Mexican | 17. Age at last birthday 30 (Years)

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

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
(b) Born alive but now dead
(c) Stillborn

21. Were precautions taken against ophthalmia neonatorum? No

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

*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 evidence of life after birth.

Signature J. M. Castillo Midwife (Physician or midwife)

Address Miami Arizona

Given name added from a supplemental report Month, day, year

Filed Sept 30, 1926 C. E. Irvin Local Registrar.

Registrar

Filed , 19 County Registrar.

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.

WRITE PLAINLY WITH FADING INK—THIS IS A PERMANENT RECORD

562-913-462