

WRITE ONLY WITH 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

1. County of Gila
District of _____
Town of Miami
or _____
City of _____

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 173
County Registrar No. 856
Local Registrar No. _____

No. 115 Red Spring Canon
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Carmalinda Flores

Ward _____
{ 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. Legitimate? yes 6. Date of birth Sept. 26, 1926
Month Day Year

8. FATHER
Full name Sebastian Flores

14. MOTHER
Full maiden name Isidro Flores

9. Residence (Usual place of abode) Miami, Arizona
If non-resident, give place and state.

15. Residence (Usual place of abode) Miami, Arizona
If non-resident, give place and state.

10. Color or race Mex. 11. Age at last birthday 4.3 (Years)

16. Color or race Mex. 17. Age at last birthday 29 (Years)

12. Birthplace (city or place) Chihuahua, Mex.
(State or country)

18. Birthplace (city or place) El Paso, Texas
(State or country)

13. Occupation
Nature of industry Miner

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 4
(b) Born alive but now dead 3
(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 5:40 p.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 evidence of life after birth.
Signature Beryl M. Teron M.D.
Address Miami, Arizona
(Physician or midwife)

Given name added from a supplemental report. Month, day, year Oct 4, 1926 Filed C. E. Trim Local Registrar.

Registrar _____ Filed _____, 19 _____ County Registrar.

562-926-962