

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

State File No. 160

Registered No. 261

1. PLACE OF BIRTH

County Yuma State Arizona
District or Township _____ or Village _____
City Maricopa No. #1 Van Winkle St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Jesus Flores

{ If child is not yet named, make supplemental report, as directed.

3. Sex of Child Male 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 6-14-28
Month Day Year

8. FATHER
Full name Jose Flores
9. Residence (Usual place of abode) Maricopa Arizona
If non-resident, give place and state.

14. MOTHER
Full maiden name Barbara Osorio
15. Residence (Usual place of abode) Maricopa Ariz
If non-resident, give place and state.

10. Color or race Mex
11. Age at last birthday 38 (Years)

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

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

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

13. Occupation Robber
Nature of industry Robber Smelter

19. Occupation Housewife
Nature of industry _____

20. Number of children of this mother 69 } (a) Born alive and now living 63
(Taken as of time of birth of child herein certified and including this child.) } (b) Born alive but now dead _____
(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 alive at 2:30 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 L. A. Love, M.D.
(Physician or midwife)

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

Address Maricopa Arizona
Filed June 20, 1928 L. E. Tom
Registrar

Registrar

Registrar

162-614-266

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 birth stated.