

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. ¹⁴⁸ 307

Registered No. 307

1. PLACE OF BIRTH

County Gila State Arizona
 District or Township _____ or Village _____
 City Miami No. 17 Porto Rico Canon St. _____ Ward _____
 (If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Carmen Flores (Boy) { 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. _____ 5. No., in order of birth _____ } 6. Legitimate? yes } 7. Date of birth July 16 - 1928
 Month Day Year

8. FATHER
 Full name Encarnacion Flores

14. MOTHER
 Full maiden name Juciana Reynosa

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

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 If non-resident, give place and state. Arizona

10. Color or race Mex. 11. Age at last birthday 35 (Years)

16. Color or race Mex. 17. Age at last birthday 35 (Years)

12. Birthplace (city or place) Jalisco
 (State or country) Mex.

18. Birthplace (city or place) Zacatecas
 (State or country) Mex.

13. Occupation
 Nature of industry miner

19. Occupation
 Nature of industry Housewife

20. Number of children of this mother 7
 (Taken as of time of birth of child herein certified and including this child.) } (a) Born alive and now living 3
 } (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 stillborn at 9:30 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 Cyril M. Brown M.D. (Physician or midwife).

Given name added from a supplemental report _____ Address Miami, Arizona
 Month, day, year _____ Filed July 18, 28 Registrar C. E. King

362-716-391

THIS FORM SHOULD BE MADE UP IN ADVANCE OF THE BIRTH AND THE NUMBER OF CHILDREN BORN SHOULD BE STATED IN ORDER OF BIRTH.