

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 each in order of birth, stated.

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

State File No. 168  
 Registered No. 387

1. PLACE OF BIRTH

County Gila State Arizona  
 District or Township \_\_\_\_\_ or Village \_\_\_\_\_  
 City Miami No. 117 Red Springs Canon St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Jose Flores 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 Aug. 29-1928  
 Month Day Year

8. FATHER  
 Full name Sebastian Flores  
 9. Residence (Usual place of abode) Miami, Arizona  
 If non-resident, give place and state. \_\_\_\_\_  
 10. Color or race Mex.  
 11. Age at last birthday 43 (Years)  
 12. Birthplace (city or place) Ventura, Mex.  
 (State or country) \_\_\_\_\_  
 13. Occupation Miner  
 Nature of industry \_\_\_\_\_

14. MOTHER  
 Full maiden name Ysidra Acuna  
 15. Residence (Usual place of abode) Miami, Arizona  
 If non-resident, give place and state. \_\_\_\_\_  
 16. Color or race Mex.  
 17. Age at last birthday 34 (Years)  
 18. Birthplace (city or place) El Paso, Texas  
 (State or country) \_\_\_\_\_  
 19. Occupation Housewife  
 Nature of industry \_\_\_\_\_

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 5 }  
 (b) Born alive but now dead 2 }  
 (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 10 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  
(Physician or midwife).  
 Given name added from a supplemental report \_\_\_\_\_  
 Address Miami, Arizona  
 Month, day, year \_\_\_\_\_  
 Filed Apr 12 1928 L. E. Dwyer  
 Registrar. Registrar.

162-829-811