

MARGIN RESERVED FOR BINDING
 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. 203
 Registered No. 202

1. PLACE OF BIRTH

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

2. Full name of child

Full name of child Flores (If child is not yet named, make supplemental report, as directed.)
 Sex of Child Female To be answered ONLY in event of plural births.
 4. Twin, triplet or other 6. 1
 5. No., in order of birth _____
 7. Date of birth Oct 31 1928
Month Day Year

8. FATHER
 Full name Ramon Saragosa

14. MOTHER
 Full maiden name Alicia Flores

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

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

10. Color or race Mex

11. Age at last birthday 20 (Years)

16. Color or race Mex

17. Age at last birthday 20 (Years)

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

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

13. Occupation
 Nature of industry Miner

19. Occupation
 Nature of industry None

20. Number of children of this mother 2
(Taken as of time of birth of child herein certified and including this child.)

(a) Born alive and now living 0
 (b) Born alive but now dead _____
 (c) Stillborn 1

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 _____ at _____ 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 Wesley D. Grayson

 (Physician or midwife).

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

Address _____

Registrar _____

Filed 11/8, 1928 E. E. Wightman
 Registrar

062-1031-162