

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

State File No. 123/158  
Registered No. \_\_\_\_\_

1. PLACE OF BIRTH

County Gila State Arizona  
District or Township \_\_\_\_\_ or Village \_\_\_\_\_  
City Miami No. 141 Grover Canyon Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Elisa Flores { 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 \_\_\_\_\_ 6. Legitimate? yes 7. Date of birth Apr. 5 - 1929  
Month Day Year

8. FATHER  
Full name Antonio 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 32 (Years)

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

13. Occupation  
Nature of industry miner

14. MOTHER  
Full maiden name Solidad Florez

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) Zacatecas, Mex.  
(State or country)

19. Occupation  
Nature of industry Housewife

20. Number of children of this mother. 5 (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 0  
(c) Stillborn 0

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 A. 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. Terow M.D.  
Physician (Physician or midwife).

Given name added from a supplemental report \_\_\_\_\_ Address Miami, Arizona

Filed Apr 15, 1929 B. E. Terow Registrar

Registrar

562-105-269

WHILE 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.