

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. 197
Registered No. 101

1. PLACE OF BIRTH

County Gila State Ariz.
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 Trinidad Flores (If child is not yet named, make supplemental report, as directed.)

3. Sex of Child <u>Female</u>	To be answered ONLY in event of plural births.	4. Twin, triplet or other.	6. Legitimate? <u>Yes</u>	7. Date of birth <u>May 26, 1929</u> Month Day Year
		5. No., in order of birth.		

8. FATHER
Full name Pedro Flores
9. Residence (Usual place of abode) Globe Ariz.
If non-resident, give place and state.
10. Color or race Mex.
11. Age at last birthday 24 (Years)
12. Birthplace (city or place) St. Apache Ariz.
(State or country)
13. Occupation Miner
Nature of industry

14. MOTHER
Full maiden name Francisca Gallegos
15. Residence (Usual place of abode) Globe Ariz.
If non-resident, give place and state.
16. Color or race Mex.
17. Age at last birthday 24 (Years)
18. Birthplace (city or place) Mexico
(State or country)
19. Occupation Housewife
Nature of industry

20. Number of children of this mother <u>3</u> <small>(Taken as of time of birth of child herein certified and including this child.)</small>	(a) Born alive and now living <u>2</u> (b) Born alive but now dead <u>0</u> (c) Stillborn <u>1</u>	21. Were precautions taken against ophthalmia neonatorum? <u>Yes</u>
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CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 11:30 P. 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 T. E. Harper
Physician (Physician or midwife)

Given name added from a supplemental report _____ Address Globe, Arizona

Month, day, year _____
Filed 6/7 1929 H. E. Wightman Registrar

362-526-672