

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. 128  
Registered No. 111

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 Angel 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 \_\_\_\_\_ 6. Legitimate? yes } 7. Date of birth June 7, 1929  
5. No., in order of birth \_\_\_\_\_ } Month Day Year

8. FATHER  
Full name Juan Flores  
9. Residence (Usual place of abode) Globe Ariz.  
If non-resident, give place and state.  
10. Color or race Mexican  
11. Age at last birthday 51 (Years)  
12. Birthplace (city or place) Mexico  
(State or country)  
13. Occupation Laborer  
Nature of industry

14. MOTHER  
Full maiden name Anta Grisfalbo  
15. Residence (Usual place of abode) Globe Ariz.  
If non-resident, give place and state.  
16. Color or race Mexican  
17. Age at last birthday 36 (Years)  
18. Birthplace (city or place) Mexico  
(State or country)  
19. Occupation Housewife  
Nature of industry

20. Number of children of this mother 10 } (a) Born alive and now living 8  
(Taken as of time of birth of child herein certified and including this child.) } (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 2:30 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 I. S. Harper  
Physician (Physician or midwife)  
Address Globe, Arizona  
Given name added from a supplemental report \_\_\_\_\_ Month, day, year \_\_\_\_\_  
Filed 7/10 1929 E. D. Wightman Registrar  
Registrar

119-607-176