

N. B. - Use of name of child at birth, a SEP... RE... JEN... as to be made for each, also the number of each in order of birth stated.

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Yuma
District of _____
Town of Miami
or _____
City of _____

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 184
County Registrar No. 6
Local Registrar No. _____

2. Full name of child Gilberto Torrey (If birth occurred in a hospital or institution, give its NAME instead of street and number)
(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. 0 5. Legitimate? Yes 6. Date of birth Jan 22, 1927
Month Day Year

8. FATHER
Full name Rosilio Torrey
9. Residence (Usual place of abode) Miami Arizona
If non-resident, give place and state.

11. MOTHER
Full maiden name Rosa Padilla
15. Residence (Usual place of abode) Miami Arizona
If non-resident, give place and state.

10. Color or race Mexican
11. Age at last birthday 23 (Years)

16. Color or race Mexican
17. Age at last birthday 18 (Years)

12. Birthplace (city or place) Tucson Arizona
(State or country)

18. Birthplace (city or place) Moravia Arizona
(State or country)

13. Occupation Piano Tuner
Nature of industry

19. Occupation Housewife
Nature of industry

20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.)
(a) Born alive and now living 1
(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 5 A m. on the date above stated

* 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 Charles E. Dinn MD.
Address Miami Arizona
(Physician or midwife)

Given name added from a supplemental report Filed Jan 25, 1927 C. E. Dinn
Month, day, year Local Registrar.

Registrar

Filed _____ 19 _____

County Registrar.

739-122-971