

... child at a birth, a SEPARATE REPORT must be made for each, and the number of each, in order of birth stated.

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Gila

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 145

District of _____

Town of Miami

County Registrar No. _____

or

City of _____

Local Registrar No. 72

No. 908 Live Oak St. St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Bacilio De La Torre

If child is not yet named, make supplemental report, as directed.

3. Sex of Child

To be answered ONLY in event of plural births.

4. Twin, triplet or other

5. Legitimate?

6. Date of birth

Feb. 14 - 1927
Month day year

male

male

5. No., in order of birth

yes

5. FATHER
Full name Candido De La Torre

14. MOTHER
Full maiden name Natividad Adama

9. Residence (Usual place of abode) Miami Arizona
If nonresident, give place and state

15. Residence (Usual place of abode) Miami Arizona
If nonresident, give place and state

10. Color or race Mex.

11. Age at last birthday 44 (Years)

16. Color or race Mex

17. Age at last birthday 39 (Years)

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

18. Birthplace (city or place) Jalisco Mex
(State or country)

13. Occupation
Nature of industry Miner

19. Occupation
Nature of industry Housewife

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 6
(b) Born alive but now dead 6
(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 at 4 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 evidences of life after birth.

Signature Loyril M. Brown, M.D.
(Physician or midwife)

Address Miami, Arizona

Given name added from a supplemental report

Filed Feb 7 1927 Le. S. J...
Local Registrar.

Month, day, year.

Filed _____ 19 _____

Registrar.

County Registrar.

245-214-511