

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 123
Registered No. 472

1. PLACE OF BIRTH

County Gila State Arizona
District or Township _____ or Village _____
City Miami No. 419 Coffe Canyon St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Estebani 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. _____ 6. Legitimate? _____ 7. Date of birth August - 3 - 1930
5. No., in order of birth. _____ Month Day Year

8. FATHER
Full name Tomas de la Torre
9. Residence (Usual place of abode) Miami
If non-resident, give place and state. _____
10. Color or race Mex
11. Age at last birthday.....(Years) 26
12. Birthplace (city or place) Hueywar.
(State or country) Jalisco - Mex
13. Occupation miner
Nature of Industry _____

14. MOTHER
Full maiden name Vicenta Rios
15. Residence (Usual place of abode) Miami
If non-resident, give place and state. _____
16. Color or race Mexican
17. Age at last birthday 21 (Years)
18. Birthplace (city or place) Gomez Palacios
(State or country) Durango Mex
19. Occupation house wife
Nature of Industry _____

20. Number of children of this mother 4 } (a) Born alive and now living 2
(Taken as of time of birth of child herein } (b) Born alive but now dead 0
certified and including this child.) } (c) Stillborn 1
21. Were precautions taken against ophthalmia neonatorum? _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was wellborn at 7 p.m. on the date above stated.
(Born alive or stillborn)

Signature J. Gomez Alvarado M.D. (Physician or midwife.)

Given name added from a supplement report _____ Address _____
Month, day, year _____ Filed Aug 17, 1930 L. E. Dorris Registrar.
Registrar. _____

545-803-592

each in order of birth stated.