

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 125
Registered No. 476

1. PLACE OF BIRTH

County Gila State Arizona

District or Township _____ or Village _____

City Miami No. 1026 Mars Ave St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Jesus 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. No., in order of birth.	6. Legitimate?	7. Date of birth
<u>Female</u>			<u>yes</u>	<u>yes</u>	<u>Aug 4 1930</u> Month Day Year

8. FATHER

Full name Enrique de la Torre

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

10. Color or race Mexican

11. Age at last birthday 40 (Years)

12. Birthplace (city or place) Mexico City
(State or country) Mexico

13. Occupation Surface laborer
Nature of Industry Copper mine

14. MOTHER

Full maiden name Juana Morales

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

16. Color or race Mexican

17. Age at last birthday 35 (Years)

18. Birthplace (city or place) _____
(State or country) Mexico

19. Occupation _____
Nature of Industry Housewife

20. Number of children of this mother <u>7</u> (Taken as of time of birth of child herein certified and including this child.)	(a) Born alive and now living <u>6</u>	21. Were precautions taken against ophthalmia neonatorum?
	(b) Born alive but now dead <u>1</u>	<u>yes</u>
	(c) Stillborn <u>0</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at 3:15 a.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 J. J. Miller
(Physician or midwife)

Given name added from _____ Address Miami, Arizona
a supplemental report. Month, day, year

Filed Aug 17 1930 Registrar Lo. E. ...

145-804-142

each in order of birth stated.