

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 108a
Registered No. 306

1. PLACE OF BIRTH

County Gila State Arizona
District or Township _____ or Village _____
City Miami No. _____ St. _____ Ward _____
(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.

2. Full name of child Dora Torres

3. Sex of Child Female } To be answered ONLY in event of plural births. } 4. Twin, triplet or other. _____ } 5. No., in order of birth. _____ } 6. Legitimate? yes } 7. Date of birth Sept. 3-1931
Month Day Year

8. FATHER
Full name Rafael Torres
9. Residence (Usual place of abode) Miami, Arizona
If non-resident, give place and state. Arizona
10. Color or race Mex.
11. Age at last birthday 36 (Years)
12. Birthplace (city or place) Bisbee, Arizona
(State or country)
13. Occupation
Nature of Industry Miner

14. MOTHER
Full maiden name Lidia Venegas
15. Residence (Usual place of abode) Miami, Arizona
If non-resident, give place and state. Arizona
16. Color or race Mex.
17. Age at last birthday 24 (Years)
18. Birthplace (city or place) Zacatecas, Mex.
(State or country)
19. Occupation
Nature of Industry Housewife

20. Number of children of this mother 5 } (a) Born alive and now living. 35 } 21. Were precautions taken against ophthalmia neonatorum? Yes
(Taken as of time of birth of child herein certified and including this child.) } (b) Born alive but now dead. 0 }
(c) Stillborn _____ }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 2 A. m. on the date above stated.
(Born alive, or stillborn)

Signature Loyd M. Cron M.D.
(Physician or midwife.)

Given name added from a supplemental report _____ Address Miami, Arizona
Month, day, year _____ Filed act 101031 E. E. Davis
Registrar. Registrar.

432-903-352