ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 912

Registered No. 232

1. PLACE OF BIRTH

County Gila State Arizona

Township ..... or Village .....

City Miami No. 914 Sullivan St. Ward

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Dorina Torrez (If child is not yet named, make supplemental report, as directed)

3. Sex Female | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term X | 7. Legitimate? Yes | 8. Date of birth Oct 25, 1932 (Month, day, year)

FATHER

9. Full name Miguel D. Torrez

10. Residence (usual place of abode) (If nonresident, give place and State) Miami

11. Color or race Mex | 12. Age at last birthday 31 (Years)

13. Birthplace (city or place) ..... (State or country) Mexico

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Furniture Co

16. Date (month and year) last engaged in this work Engaged now, 19..... | 17. Total time (years) spent in this work 5 yr

MOTHER

18. Full maiden name Beatrice Araujo

19. Residence (usual place of abode) (If nonresident, give place and State) Miami

20. Color or race Mex | 21. Age at last birthday 27 (Years)

22. Birthplace (city or place) ..... (State or country) Mexico

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....

25. Date (month and year) last engaged in this work ....., 19..... | 26. Total time (years) spent in this work 1 yr

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn 0

28. If stillborn, period of gestation ..... {months or weeks} | 29. Cause of stillbirth ..... {Before labor ..... During labor .....}

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 4 P m. on the date above stated

{When there was no attending physician or midwife, then the father, householder, etc., should make this return.}

(Signed) Charles E. Smith, M.D.

or ..... Midwife

Address Miami Ariz

Given name added from a supplemental report ..... (Date of)

Filed Nov 15, 1932 C. E. Smith Registrar

Registrar