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MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.

V. S. No. 2

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

1. County of Gila
District of Yogales Ariz
Town of Miami Ariz
or
City of _____ No. _____ St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

State Index No. 194 a
County Registrar No. _____
Local Registrar No. B 105

2. Full name of child Enrique Torres
3. Sex of Child male To be answered ONLY in event of plural births. 4. Twin, triplet or other _____ 6. Legitimate? yes 7. Date of birth July 15 1920
Month day year

8. FATHER Full name Lazaro Torres 9. Residence (Usual place of abode) Miami Ariz
If nonresident, give place and state
10. Color or race Mexican 11. Age at last birthday 23 (Years)
12. Birthplace (city or place) Durango Mexico
(State or country)
13. Occupation Baker
Nature of industry

14. MOTHER Full maiden name Maria Gonzales 15. Residence (Usual place of abode) Miami Ariz
If nonresident, give place and state
16. Color or race Mexican 17. Age at last birthday 20 (Years)
18. Birthplace (city or place) Tuliacan Sinaloa Mex
(State or country)
19. Occupation Housewife
Nature of industry

20. Number of children of this mother (a) Born alive and now living 2 (b) Born alive but now dead _____ (c) Stillborn _____
(Taken as of time of birth of child herein certified and including this child.) 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 alive (Born alive or stillborn.) at 11 P. m. on the date above stated.

*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.
Given name added from a supplemental report _____

Signature Luz Rojas (Physician or midwife)
Address Miami Ariz
Filed 10/5 1926 Chas E Hardy Local Registrar.
Filed _____ _____ County Registrar.

532-715-472
Registrar.