

Be made for each, and the number of each.

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Yuma
District of _____
Town of Miami
or _____
City of _____

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 114
County Registrar No. 119
Local Registrar No. _____

2. Full name of child Francisca Torres
(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.

3. Sex of Child Female To be answered ONLY in event of plural births.
4. Twin, triplet or other 1st
5. Legitimate? yes
6. Date of birth Feb 7-1924
Month day year

FATHER
10. Name Rafael Torres
Residence (Usual place of abode) Miami Arizona
If nonresident, give place and state
Color or race Mex
11. Age at last birthday 29 (Years)
Birthplace (city or place) Bisbee Ariz.
(State or country)
Occupation
Nature of industry Miner

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

Number of children of this mother (a) Born alive and now living. _____ (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? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE* 30
I hereby certify that I attended the birth of this child, who was born at 12 A.M. on the date above stated.
(Born alive or stillborn.)

Signature C. M. Cron M.D. (Physician or midwife)
Address Miami, Arizona
Filed Feb 29, 1924 of C. E. Drown Local Registrar.
Filed 3-6-24 of B. S. J. Cox County Registrar.

632-207-352