

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.

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

PLACE OF BIRTH
 1. County of Lima
 District of _____
 Town of _____
 or Globe
 City of _____ No. _____ St. _____ Ward _____
 (If birth occurred in a hospital or institution, give its NAME instead of street and number)

State Index No. 77639
 County Registrar No. 1239
 Local Registrar No. _____

2. Full name of child Pedro Torres } If child is not yet named, make supplemental report, as directed.

3. Sex of child M } 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 8-1-24
 Month day year

8. FATHER Full name <u>Cruz Torre</u>		14. MOTHER Full maiden name <u>Josephine Sales</u>	
9. Residence (Usual place of abode) <u>McMillan St Globe</u> If nonresident, give place and state _____		15. Residence (Usual place of abode) <u>21st St + McMillan St Globe</u> If nonresident, give place and state _____	
10. Color or race <u>Mex</u>		16. Color or race <u>Mex</u>	
11. Age at last birthday <u>35</u> (Years)		17. Age at last birthday <u>25</u> (Years)	
12. Birthplace (city or place) <u>Mexico</u> (State or country)		18. Birthplace (city or place) <u>Mex</u> (State or country)	
13. Occupation <u>Laborer</u> Nature of industry <u>Mines</u>		19. Occupation <u>Housewife</u> Nature of industry <u>2</u>	

20. Number of children of this mother (a) Born alive and now living _____
 (b) Born alive but now dead 8
 (c) Stillborn _____

21. Were precautions taken against ophthalmia neonatorum? Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE
 I hereby certify that I attended the birth of this child, who was alive at 6 A.M. on the date above stated.
 (Born alive or stillborn.)

Signature W. W. Hunt M.D.
 (Physician or midwife)
 Address _____
 Month, day, year. _____

Registrar. _____
 Filed 8-10 1924 BBJ 1104
 Filed 9-5 1924 BBJ 1104
 County Registrar. _____

739-801-127