

12111

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.

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

PLACE OF BIRTH
1. County of Gila
District of Globe
Town of Globe
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. 180
County Registrar No. 675
Local Registrar No. _____

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

3. Sex of Child male To be answered ONLY in event of plural births. 4. Twin, triplet or other no 5. No., in order of birth _____ 6. Legitimate? yes 7. Date of birth Aug. 27, 1924
Month Aug day 27 year 1924

8. FATHER Full name <u>Max Jones</u>		14. MOTHER Full maiden name <u>Sanstina Mancha</u>	
9. Residence (Usual place of abode) <u>Globe, Ariz.</u> If nonresident, give place and state		15. Residence (Usual place of abode) <u>Globe, Ariz.</u> If nonresident, give place and state	
10. Color or race <u>mex.</u>	11. Age at last birthday <u>29</u> (Years)	16. Color or race <u>mex.</u>	17. Age at last birthday <u>18</u> (Years)
12. Birthplace (city or place) (State or country) <u>Mexico</u>		18. Birthplace (city or place) (State or country) <u>Globe Ariz.</u>	
13. Occupation Nature of industry <u>miner</u>		19. Occupation Nature of industry <u>Housewife</u>	

20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.)
(a) Born alive and now living 1
(b) Born alive but now dead 0
(c) Stillborn 0

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 born alive at 6 p.m. on the date above stated.
(Born alive or stillborn.)

Signature T.C. Harper, M.D.
Address Globe, Arizona
(Physician or midwife)

Given name added from supplemental report _____
Month, day, year. _____

Filed 9-8 1924
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Local Registrar. J. G. Day
County Registrar. J. G. Day

332-827-641