

2114

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 163
County Registrar No. 520
Local Registrar No. _____

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

No. 3120 Loomis Ave. St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Crispina De la Torre
(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 _____
5. No., in order of birth _____
6. Legitimate? yes
7. Date of birth October 25, 1924
Month day year

5. FATHER
Full name Thomas De la Torre

14. MOTHER
Full maiden name Vicenta Rio

9. Residence (Usual place of abode) Miami, Arizona
If nonresident, give place and state

15. Residence (Usual place of abode) Miami, Arizona
If nonresident, give place and state

10. Color or race Mexican
11. Age at last birthday 21 (Years)

16. Color or race Mexican
17. Age at last birthday 17 (Years)

12. Birthplace (city or place) _____
(State or country) Mexico

18. Birthplace (city or place) _____
(State or country) Mexico

13. Occupation Laborer about Copper
Nature of industry ore mill

19. Occupation Housewife
Nature of industry _____

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 alive at 12:55 P. m. on the date above stated.
(Born alive or stillborn.)

*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 _____
Month, day, year _____
Signature J. J. Miller (Physician or midwife)
Address Miami, Arizona
Filed Oct 31, 1924 _____
Local Registrar.
Filed 11-5, 1924 B. G. J. W.
County Registrar.

345-1025-592

PERMANENT RECORD
WRITE PLAINLY WITH UNFADING INK
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.