

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.

PLACE OF BIRTH

1. County of Gila,
 District of Globe,
 Town of _____
 or
 City of Globe,

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
 ORIGINAL CERTIFICATE OF BIRTH

State Index No. 110
 County Registrar No. 154
 Local Registrar No. 36

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

2. Full name of child Stillborn (Doroteo Lunez) } 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 _____ } 6. Legitimate? Yes } 7. Date of birth 2 6 1925
 5. No., in order of birth _____ } Month day year

8. FATHER Full name <u>Rodrigo Torrez,</u>		14. MOTHER Full maiden name <u>Rosa Navarro,</u>	
9. Residence (Usual place of abode) If nonresident, give place and state <u>Globe,</u>		15. Residence (Usual place of abode) If nonresident, give place and state <u>Globe,</u>	
10. Color or race <u>Mex.</u>	11. Age at last birthday <u>25</u> (Years)	16. Color or race <u>Mex.</u>	17. Age at last birthday <u>19</u> (Years)
12. Birthplace (city or place) (State of country) <u>Mexico,</u>		18. Birthplace (city or place) (State of country) <u>Mexico,</u>	
13. Occupation Nature of industry <u>Laborer</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 _____
 (b) Born alive but now dead _____
 (c) Stillborn 1

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 Stillborn at 9.30 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.
 Signature G. E. Wylton
 (Physician or midwife)
 Address Globe, Ariz.

Given name added from a supplemental report _____
 Month, day, year. _____
 Filed Feb. 7th, 1925. G. E. Wylton
 Local Registrar.

Filed 3/9 1925 G. E. Wylton
 County Registrar.

439-206-956