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

Town of Miami

or

City of Miami Ariz. No. # 908 Pine Oak St. Ward

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

# ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 169

County Registrar No.

Local Registrar No. 49

2. Full name of child Luana 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: May 6 - 25 (Month / Day / Year)

FATHER

8. Full name: Kondido de La Torre.

9. Residence (Usual place of abode): 908 Pine Oak St.

If non-resident, give place and state.

10. Color or race: Mexicon

11. Age at last birthday: 44 (Years)

12. Birthplace (city or place): Cuenda Cuidado

(State or country): Mexico.

13. Occupation: Miner.

Nature of industry

MOTHER

14. Full maiden name: Natividad Adame

15. Residence (Usual place of abode): 908 Pine Oak St.

If non-resident, give place and state.

16. Color or race: Mexicon

17. Age at last birthday: 38 (Years)

18. Birthplace (city or place): Sienega

(State or country): Mexico.

19. Occupation: House Wife.

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: 6

(b) Born alive but now dead: 6

(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 Born alive (Born alive or stillborn) at 9:P. m. on the date above stated

* 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 evidence of life after birth.

Signature: Rosa Corte.

Address: # 701 Sullivan St. (Physician or midwife).

Given name added from a supplemental report

Month, day, year

Filed May 11, 1925 C. E. Irvin

Local Registrar.

Registrar

Filed ....., 19.....

County Registrar.

145-506-515