

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  
STANDARD CERTIFICATE OF BIRTH

State File No. 175-V  
Registered No. 211

**1. PLACE OF BIRTH**  
County Gila State \_\_\_\_\_  
District or Township \_\_\_\_\_ or Village \_\_\_\_\_  
City Globe No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

**2. Full name of child.** Arnulfo Arturo Torrez  
(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** \_\_\_\_\_ **6. Legitimate?** Yes  
**7. Date of birth** 8-18-25  
Month Day Year

**8. FATHER**  
Full name Antonio Torrez  
**9. Residence** (Usual place of abode) Ruiz Canyon Globe  
If non-resident, give place and state \_\_\_\_\_  
**10. Color or race** Mex  
**11. Age at last birthday** 30 (Years)

**14. MOTHER**  
Full maiden name Paulina Lopez  
**15. Residence** (Usual place of abode) Ruiz Canyon Globe  
If non-resident, give place and state \_\_\_\_\_  
**16. Color or race** Mex **17. Age at last birthday** 26 (Years)

**12. Birthplace** (city or place) Santa Barbara  
(State or country) Chihuahua Mexico  
**13. Occupation**  
Nature of industry Miner

**18. Birthplace** (city or place) Chihuahua  
(State or country) Mex  
**19. Occupation**  
Nature of industry Housewife

**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 4  
(b) Born alive but now dead 0  
(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 10 A. m. on the date above stated  
(Born alive or stillborn.)

Signature W. W. West  
Globe Ariz.  
(Physician or midwife).

\*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.

Given name added from a supplemental report \_\_\_\_\_ Address \_\_\_\_\_  
Month, day, year \_\_\_\_\_  
Filed 8/31, 1925 W. W. West  
Registrar Registrar

139-818-739