

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
STANDARD CERTIFICATE OF BIRTH

State File No. 6378
Registered No. 6378

1. PLACE OF BIRTH

County Gila State Arizona
District or Township Miami or Village _____
City Miami No. 908 Line Oak St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Luis de la Torre (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 June 21-1926
5. No., in order of birth _____ Month Day Year

8. FATHER
Full name Tomas de la Torre

14. MOTHER
Full maiden name Vicenta Pios

9. Residence (Usual place of abode) 908 Line Oak Rd
If non-resident, give place and state.

15. Residence (Usual place of abode) 908 Line Oak
If non-resident, give place and state.

10. Color or race Mexican 11. Age at last birthday 22 (Years)

16. Color or race Mexican 17. Age at last birthday 20 (Years)

12. Birthplace (city or place) Ciudad Juarez
(State or country) Mexico

18. Birthplace (city or place) Tomas Palacios Dgo
(State or country) Mexico

13. Occupation Miner
Nature of industry

19. Occupation House wife
Nature of industry

20. Number of children of this mother 2
(Taken as of time of birth of child herein certified and including this child.)
(a) Born alive and now living 2
(b) Born alive but now dead _____
(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 4²⁴ P. m. on the date above stated
(Born alive or stillborn.)

Signature Rosa Cortez
(Physician or midwife.)

Given name added from a supplemental report _____ Address 718 1/2 Sullivan St
Month, day, year _____

Filed July 3, 1926 Registrar Le O. Davis
Registrar

349-621-592