

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 114
Registered No. 717

1. PLACE OF BIRTH

County Gila State Arizona
District or Township _____ or Village _____
City Miami No. K29 Live Oak St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child

Aurora Frescos
(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

July 5 1926
Month Day Year

8. FATHER
Full name Ernesto Frescos

9. Residence K29 Live Oak
(Usual place of abode)
If non-resident, give place and state.

10. Color or race
Mexican

11. Age at last birthday 26 (Years)

12. Birthplace (city or place)
Ram Andres
(State or country) Chil. Mexico

13. Occupation
Nature of Industry miner

14. MOTHER
Full maiden name Marica Torra

15. Residence K29 Live Oak
(Usual place of abode)
If non-resident, give place and state.

16. Color or race
Mexican

17. Age at last birthday 24 (Years)

18. Birthplace (city or place)
(State or country) Marana Arizona

19. Occupation
Nature of Industry Home wife

20. Number of children of this mother 4
(Taken as of time of birth of child herein certified and including this child.)

(a) Born alive and now living yes
(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 3:30 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 evidence of life after birth.

Signature Rosa Cortes
Physician or midwife.

Given name added from a supplemental report _____
Month, day, year

Address 718 1/2 Rueligan St

Filed July 14 1926 C. E. Dwin
Registrar

162-705-271

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.