

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

State File No. 1440  
 Registered No. 237

1. PLACE OF BIRTH  
 County Gila State Arizona  
 District or Township \_\_\_\_\_ or Village \_\_\_\_\_  
 City Miami No. 815 Linc Oak St St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Margarita Torres  
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 March 16-1928  
 Month Day Year

8. FATHER  
 Full name Bacilio Torres  
 9. Residence (Usual place of abode) Miami  
 If non-resident, give place and state. Arizona  
 10. Color or race Mex.  
 11. Age at last birthday 24 (Years)  
 12. Birthplace (city or place) Johnson  
 (State or country) Arizona  
 13. Occupation  
 Nature of industry Miner

14. MOTHER  
 Full maiden name Rosa Padilla  
 15. Residence (Usual place of abode) Miami  
 If non-resident, give place and state. Arizona  
 16. Color or race Mex.  
 17. Age at last birthday 19 (Years)  
 18. Birthplace (city or place) Morenci  
 (State or country) Arizona  
 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 1  
 (b) Born alive but now dead 2  
 (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 at 11 A. 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 Byril M. Brown M.D.  
Physician  
 (Physician or midwife).

Given name added from a supplemental report \_\_\_\_\_  
 Address Miami, Arizona

Month, day, year \_\_\_\_\_  
 Filled June 11, 1928  
 Registrar. R. E. [Signature]  
 Registrar.

432-316-971