

Serial number of each, a separate RETURN must be made for each, in the order of birth stated.

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

State File No. 191  
Registered No. 340

1. PLACE OF BIRTH

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

2. Full name of child Serapin 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..... 5. No., in order of birth 1 } 6. Legitimate?..... 7. Date of birth 7 29 28  
Month Day Year

8. FATHER  
Full name Esteran Torrez

14. MOTHER  
Full maiden name Librada Caballero

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

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

10. Color or race Mex  
11. Age at last birthday 33 (Years)

16. Color or race Mex  
17. Age at last birthday 41 (Years)

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

18. Birthplace (city or place) Mexico  
(State or country)

13. Occupation miner  
Nature of industry

15. Occupation H.W.  
Nature of industry

20. Number of children of this mother 10  
(Taken as of time of birth of child herein certified and including this child.)  
(a) Born alive and now living 9  
(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 7 P. m. on the date above stated.  
(Born alive or stillborn)

Signature C. F. Perkins  
(Physician or midwife).

Given name added from a supplemental report..... Address Miami  
Month, day, year.....  
Registrar. Filed Aug 1 19 28 L. E. Dwin Registrar.

237-727-236