

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. 163
Registered No. 752

1. PLACE OF BIRTH

County Gila State Arizona
District or Township _____ or Village _____
City Miami No. 419 Coffee Canon St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Florentina De La Torre
(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 Oct. 16-1928
Month Day Year

8. FATHER
Full name Thomas De La Torre

14. MOTHER
Full maiden name Becente Pios

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

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

10. Color or race Mex.
11. Age at last birthday 23 (Years)

16. Color or race Mex.
17. Age at last birthday 19 (Years)

12. Birthplace (city or place) Jalisco Mex.
(State or country)

18. Birthplace (city or place) Durango Mex.
(State or country)

13. Occupation
Nature of industry Miner

19. Occupation
Nature of industry Housewife

20. Number of children of this mother 3
(Taken as of time of birth of child herein certified and including this child).
(a) Born alive and now living 3
(b) Born alive but now dead _____
(c) Stillborn _____

21. Were precautions taken against ophthalmia neonatorum. yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE • 36

I hereby certify that I attended the birth of this child, who was born alive at 10-30 A. m. on the date above stated.
(Born alive or stillborn)

Signature Cyril M. Brown M.D.
Physician (Physician or midwife)

Given name added from a supplemental report _____
Address Miami, Arizona

Month, day, year _____
Filed Nov 3 19 28 C. E. Jones
Registrar. Registrar.

635-1016-292