

SUPPLEMENT ATTACHED

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

State File No. 159  
Registered No. 100

1. PLACE OF BIRTH

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

2. Full name of child Jovita 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. \_\_\_\_\_ 6. Legitimate? yes 7. Date of birth Feb 15 1929  
Month Day Year

8. FATHER  
Full name Eudaldo Torres

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

10. Color or race Mexican 11. Age at last birthday 40 (Years)

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

13. Occupation Wood hauler  
Nature of industry

14. MOTHER  
Full maiden name Mercedes Montano

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

16. Color or race Mexican 17. Age at last birthday 22 (Years)

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

19. Occupation Housewife  
Nature of industry

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. 0  
(c) Stillborn. 0

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 12:50 P m. on the date above stated.  
(Born alive or stillborn)

Signature J. J. Miller  
MD  
(Physician or midwife)

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

Month, day, year \_\_\_\_\_ Filled Mich 12 29 19 29

Registrar. \_\_\_\_\_

Registrar. \_\_\_\_\_

139-215-446