

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

State File No. 165
 Registered No. 48

1. PLACE OF BIRTH

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

2. Full name of child Gregorio Torres { If child is not yet named, make supplemental report, as directed.

3. Sex of Child Male To be answered ONLY in event of plural births. } 4. Twin, triplet or other. ✓ 6. Legitimate? yes 7. Date of birth March 12, 1929
 5. No., in order of birth _____ Month Day Year

8. FATHER
 Full name Bernigno Torres
 9. Residence (Usual place of abode) Globe, Arizona
 If non-resident, give place and state.

14. MOTHER
 Full maiden name Simona Jagues
 15. Residence (Usual place of abode) Globe, Arizona
 If non-resident, give place and state.

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

16. Color or race Mexican
 17. Age at last birthday 30 (Years)

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

18. Birthplace (city or place) Solomonville, Arizona
 (State or country)

13. Occupation Laborer
 Nature of Industry

19. Occupation Housewife
 Nature of Industry

20. Number of children of this mother seventeen (Taken as of time of birth of child herein certified and including this child.) (a) Born alive and now living eight (b) Born alive but now dead none (c) Stillborn none 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 2:30 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 T. S. Harper
 _____ (Physician or midwife.)

Given name added from a supplemental report _____
 Address Globe, Arizona
 Filled 4/8 1929 H. E. U. [Signature]
 Registrar Registrar

732-312-212

order of birth stated.