

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

State File No. 194
 Registered No. 128

1. PLACE OF BIRTH

County Pima State _____
 District or Township Maricopa or Village _____
 City _____ No. _____ St. _____ Ward _____

2. Full name of child

Jesus Torres (If birth occurred in a hospital or institution, give its NAME instead of street and number)
 { If child is not yet named, make supplemental report, as directed.

3. Sex of Child

To be answered ONLY
 in event of plural
 births.

4. Twin, triplet or other

6. Legitimate?

Male Yes March 24 1929
 of birth Month Day Year

5. No., in order of birth

8. FATHER

Full name

Jesus Torres

14. MOTHER

Full maiden name

Stella Rodriguez

9. Residence

(Usual place of abode)

If non-resident, give place and state.

Maricopa

15. Residence

(Usual place of abode)

If non-resident, give place and state.

Maricopa

10. Color or race

Mex

11. Age at last birthday 29 (Years)

16. Color or race

17. Age at last birthday 28 (Years)

12. Birthplace (city or place)

(State or country)

Maricopa

18. Birthplace (city or place)

(State or country)

Maricopa

13. Occupation

Nature of industry

Miner

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

(b) Born alive but now dead

(c) Stillborn

21. Were precautions taken against ophthalmia neonatorum?

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____

(Born alive or stillborn)

at _____ m. on the date above stated.

Signature _____

(Physician or midwife)

Given name added from a supplemental report

Month, day, year

Address _____

Filed March 31 29 19 _____

Registrar

Registrar

132-324-299

number of

DATE RETURN must be made to birth stated.

one or more than one child at a birth.