

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

129
State File No. 297
Registered No. 297

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 Jesus De La Torre { 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 June 8 - 1929
Month Day Year

5. No., in order of birth _____

8. FATHER
Full name Candido De La Torre
9. Residence (Usual place of abode) Miami, Arizona.
If non-resident, give place and state.

14. MOTHER
Full maiden name Natividad Adame
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 45 (Years)

16. Color or race Mex 17. Age at last birthday 43 (Years)

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

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

13. Occupation
Nature of Industry Miner

19. Occupation
Nature of industry Housewife

20. Number of children of this mother 16 } (a) Born alive and now living 7
(Taken as of time of birth of child herein certified and including this child.) } (b) Born alive but now dead 9
(c) Stillborn 0 21. Were precautions taken against ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE* 30
I hereby certify that I attended the birth of this child, who was born alive at 1 A. 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 Cyril M. Brown M.D.
Physician
(Physician or midwife)

Given name added from a supplemental report _____
Month, day, year _____
Address Miami, Arizona
Filed June 15, 29 C. E. King
Registrar Registrar

145-608-515

WRITE CLEARLY WITH UNFADED INK—THIS IS A PERMANENT RECORD
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.