

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS ORIGINAL CERTIFICATE OF BIRTH

State Index No. 1080
County Registrar No. _____
Local Registrar No. 22

PLACE OF BIRTH

1. County of Gila
District of _____
Town of Hayden
or _____
City of _____

2. Full name of child Clara Martinez (If birth occurred in a hospital or institution, give its NAME instead of street and number) St. _____ Ward _____

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 Feb 1 - 1927 (If child is not yet named, make supplemental report, as directed.)
Month Day Year

8. FATHER
Full name Ruperto Martinez
9. Residence (Usual place of abode) Hayden
If non-resident, give place and state.
10. Color or race Mexican
11. Age at last birthday 45 (Years)
12. Birthplace (city or place) Jalisco
(State or country) Mexico
13. Occupation Barber
Nature of industry

14. MOTHER
Full maiden name Maria Andrada
15. Residence (Usual place of abode) Hayden
If non-resident, give place and state.
16. Color or race Mexican
17. Age at last birthday 26 (Years)
18. Birthplace (city or place) Jalisco
(State or country) Mex
19. Occupation Housewife
Nature of industry

20. Number of children of this mother 5 (Taken as of time of birth of child herein certified and including this child.)
(a) Born alive and now living 2
(b) Born alive but now dead 2
(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 9:00 m. on the date above stated
Signature Ruperto Martinez Father (Physician or midwife)
Address Hayden, Ariz

*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.
Given name added from a supplemental report _____
Month, day, year _____
Registrar _____
Filed Mar 10, 1927 _____
Local Registrar. _____
County Registrar. _____

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order of birth stated.