

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.

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Pima

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 142

District of _____

Town of Miami

County Registrar No. 68

or _____

City of _____

No. 1135 Sullivan St St. _____ Ward _____

(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.

2. Full name of child Francisco Martinez

3. Sex of Child

To be answered ONLY in event of plural births.

4. Twin, triplet or other _____

6. Legitimate? _____

7. Date of birth Feb. 13-1927
Month day year

Male

5. No., in order of birth _____

yes

8. FATHER

14. MOTHER

Full name Damacio Martinez

Full maiden name Anita Marquez

9. Residence (Usual place of abode) Miami

15. Residence (Usual place of abode) Miami

If nonresident, give place and state Arizona

If nonresident, give place and state Arizona

10. Color or race

16. Color or race

Mex.

11. Age at last birthday 39 (Years)

Mex.

17. Age at last birthday 32 (Years)

12. Birthplace (city or place) San Luis Potosi
(State or country) Mex.

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

13. Occupation

19. Occupation

Nature of industry Miner

Nature of industry Housewife

20. Number of children of this mother

(a) Born alive and now living 3
(b) Born alive but now dead 4
(c) Stillborn _____

21. Were precautions taken against ophthalmia neonatorum? _____

(Taken as of time of birth of child herein certified and including this child.)

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE 30

I hereby certify that I attended the birth of this child, who was born at 11 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 evidences of life after birth.

Signature Cyril M. Brown, M.D.
(Physician or midwife)

Address Miami, Arizona

Given name added from a supplemental report _____

Filed Feb 7 19 27 J. E. J. J.
Local Registrar.

Month, day, year.

Filed _____ 19 _____

Registrar.

County Registrar.

649-213-1491