

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 Hila

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

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10. Color or race

16. Color or race

Mex.

11. Age at last birthday 39 (Years)

Mex.

17. Age at last birthday 30 (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  
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 3  
(b) Born alive but now dead 4  
(c) Stillborn \_\_\_\_\_

21. Were precautions taken against ophthalmia neonatorum? \_\_\_\_\_

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.)

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

Filed Mar 7, 1927 Local Registrar.

Month, day, year. \_\_\_\_\_  
Registrar. \_\_\_\_\_ County Registrar.

647-213-1491