

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

State File No. 124
 Registered No. 39

PLACE OF BIRTH
 County Sila State _____
 District or Township _____ or Village _____
 No. _____ St. _____ Ward _____
 (If birth occurred in a hospital or institution, give its NAME instead of street and number)
 Full name of child Jose Martinez (If child is not yet named, make supplemental report, as directed.)
 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 Mar 6 1927
 Month Day Year

FATHER Name <u>Primerio Martinez</u> Residence (Usual place of abode) <u>Hayden</u> If non-resident, give place and state. _____ Color or race <u>Mexican</u> 11. Age at last birthday <u>40</u> (Years) Birthplace (city or place) <u>Magdalena</u> (State or country) <u>for Mex</u> Occupation <u>Labour</u> Nature of industry _____		MOTHER Full maiden name <u>Josephine Tenite</u> 15 Residence (Usual place of abode) <u>Hayden</u> If non-resident, give place and state. _____ 16 Color or race <u>Mex</u> 17. Age at last birthday <u>24</u> (Years) 18. Birthplace (city or place) <u>Frontier</u> (State or country) <u>Mexico</u> 19. Occupation <u>House wife</u> Nature of industry _____	
---	--	--	--

Number of children of this mother 3
 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 0
 (c) Stillborn 0
 21. Were precautions taken against ophthalmia neonatorum? Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE
 I hereby certify that I attended the birth of this child, who was born alive at 30 A.M. on the date above stated.
 Signature Charles Hueston MD
Hayden Arizona
 (Physician or midwife).
 Address _____
 Filed Muris 1927 WTA Registrar
 Registrar

If When there was no attending physician or midwife, then the father, householder, or other person should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.
 Name added from supplemental report.
 Month, day, year
 Registrar

147 - 306 - 152
 27 - 306 - 95

Number, make etc
 oph
 etc