

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

State File No. 126
 Registered No. 34

1. PLACE OF BIRTH
 County Gila State _____
 District or Township _____ or Village _____
 City Rayden No. _____ 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 Arula Martinez
 3. Sex of Child F 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 Mar 6 1927
 Month Day Year

FATHER
 8. Full name Juan Martinez
 9. Residence (Usual place of abode) Rayden
 If non-resident, give place and state.
 10. Color or race Mex
 11. Age at last birthday 24 (Years)

MOTHER
 14. Full maiden name Juana Rios
 15. Residence (Usual place of abode) Rayden
 If non-resident, give place and state.
 16. Color or race Mex
 17. Age at last birthday 28 (Years)

12. Birthplace (city or place) (State or country) Chihuahua Mex
 13. Occupation Labour
 Nature of industry

18. Birthplace (city or place) (State or country) Leon Mexico
 19. Occupation Housewife
 Nature of industry

20. Number of children of this mother 1
 (Taken as of time of birth of child herein certified and including this child.)
 (a) Born alive and now living 1
 (b) Born alive but now dead _____
 (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 _____ at _____ m. on the date above stated.
 (Born alive or stillborn)
 Signature Charles H. ...
Joseph ... (Physician or midwife).
 Address _____
 Given name added from a supplemental report _____
 Month, day, year _____
 Registrar _____
 Filed Mar 10, 1927 W. J. ... Registrar

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