

PLACE OF BIRTH

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

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
 ORIGINAL CERTIFICATE OF BIRTH

State Index No. 127
 County Registrar No. 138
 Local Registrar No. _____

2. Full name of child Guadalupe Martin (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.

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 1
 6. Legitimate? yes
 7. Date of birth April 2nd 1927
 Month Day Year

8. FATHER
 Full name Jesus Martin
 9. Residence (Usual place of abode) Miami, Ariz
 If nonresident, give place and state

14. MOTHER
 Full maiden name Maria Martinez
 15. Residence (Usual place of abode) Miami, Ariz
 If nonresident, give place and state

10. Color or race Mexican
 11. Age at last birthday 23 (Years)

16. Color or race Mexican
 17. Age at last birthday 17 (Years)

12. Birthplace (city or place) Mexico
 (State or country)

18. Birthplace (city or place) Mexico
 (State or country)

13. Occupation
 Nature of industry Miner

19. Occupation Housewife
 Nature of industry

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 One
 (b) Born alive but now dead None
 (c) Stillborn None

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 alive at 3 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 evidence of life after birth.
 Signature John Nagan M.D.
 (Physician or midwife)
 Address _____

Given name added from a supplemental report _____
 Month, day, year. Filed Apr 12, 1927 L. E. Iron
 Local Registrar.

Registrar. Filed _____ 19____ County Registrar.

745-403-449