

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS  
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 152  
County Registrar No. \_\_\_\_\_  
Local Registrar No. 34

PLACE OF BIRTH

1. County of Gila  
District of \_\_\_\_\_  
Town of Hayden  
or \_\_\_\_\_  
City of \_\_\_\_\_

2. Full name of child Manuela Martinez  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)  
St. \_\_\_\_\_ Ward \_\_\_\_\_  
{ If child is not yet named, make supplemental report, as directed.

3. Sex of Child ♀ To be answered ONLY in event of plural births. 4. Twin, triplet or other. \_\_\_\_\_ 6. Legitimate? Yes  
5. No., in order of birth \_\_\_\_\_ 7. Date of birth April 12 1927  
Month Day Year

8. FATHER  
Full name Salvador Martinez  
9. Residence Hayden  
(Usual place of abode)  
If non-resident, give place and state.

14. MOTHER  
Full maiden name Guadalupe Miranda  
15. Residence Hayden  
(Usual place of abode)  
If non-resident, give place and state.

10. Color or race Mex  
11. Age at last birthday 24 (Years)

16. Color or race Mex  
17. Age at last birthday 29 (Years)

12. Birthplace (city or place) Yuma  
(State or country) Ariz.

18. Birthplace (city or place) Manmouth  
(State or country) Ariz.

13. Occupation Labour  
Nature of industry

19. Occupation H. B.  
Nature of industry

20. Number of children of this mother 4  
(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 \_\_\_\_\_  
(c) Stillborn 1

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 or stillborn) at 10 m. on the date above stated

\* 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 Charles H. ... (Physician or midwife)  
Address Hayden Ariz.

Given name added from a supplemental report \_\_\_\_\_  
Month, day, year \_\_\_\_\_ Filed April 6 1927 W. D. ... Local Registrar.

Registrar \_\_\_\_\_ Filed \_\_\_\_\_ 19 \_\_\_\_\_ County Registrar.

449-412-741

This form must be made to order of birth stated.