

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

State File No. 133
Registered No. 243

1. PLACE OF BIRTH

County Gila State Arizona
District or Township _____ or Village _____
City Miami No. _____ St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Solidad Martinez (If child is not yet named, make supplemental report, as directed.)

3. Sex of Child M To be answered ONLY in event of plural births. 4. Twin, triplet or other _____ Legitimate? yes 5. No., in order of birth _____ 7. Date of birth June 4 - 1927
Month Day Year

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

10. Color or race Mex. 11. Age at last birthday 19 (Years)

12. Birthplace (city or place) Panuco Mex.
(State or country)

13. Occupation
Nature of industry Miner

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

16. Color or race Mex. 17. Age at last birthday 25 (Years)

18. Birthplace (city or place) Mexico City, Mex.
(State or country)

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 _____
(b) Born alive but now dead 4
(c) Stillborn _____

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 at 11:30 P. m. on the date above stated
(Born alive or stillborn.)

Signature Cyril M. Brown
Physician
(Physician or midwife).

Address Miami, Arizona

Filed June 11, 1927 O. E. Trim
Registrar

* 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.

Given name added from a supplemental report _____
Month, day, year 249-604-779
Registrar

N. B.—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.