

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

State File No. 143  
Registered No. 58

PLACE OF BIRTH

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

Full name of child Terorio 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 \_\_\_\_\_ 5. No., in order of birth \_\_\_\_\_ 6. Legitimate? Yes 7. Date of birth Aug 11 1927  
Month Day Year

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

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

Color or race Mex  
11. Age at last birthday 45 (Years)

16 Color or race Mex  
17. Age at last birthday 41 (Years)

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

18. Birthplace (city or place) Matatlan  
(State or country) Guajalajara Mex

19. Occupation Labour  
Nature of industry

19. Occupation House wfe  
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 3  
(b) Born alive but now dead 3  
(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 alive or stillborn) at 9:00 A 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 W. Smith MD  
Hayden Ariz.  
(Physician or Midwife)

Given name added from a supplemental report \_\_\_\_\_  
Month, day, year \_\_\_\_\_

Address \_\_\_\_\_  
Filed Aug 13 1927 W.D. Dush  
Registrar

349-811-331