

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

State File No. 116  
 Registered No. 194

PLACE OF BIRTH  
 County Gila State Arizona  
 District or Township Globe or Village \_\_\_\_\_  
 City Globe No. 833 Pinal St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (If birth occurred in a hospital or institution, give its NAME instead of street and number)  
 Full name of child Raul Martinez (If child is not yet named, make supplemental report, as directed.)

1. Sex of Child Male 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 Sept 1, 1927  
 Month Day Year

8. FATHER Full name <u>Francisco Martinez</u>		14. MOTHER Full (maiden name) <u>Aurora Train</u>	
9. Residence (Usual place of abode) <u>Globe, Ariz</u> If non-resident, give place and state.		15. Residence (Usual place of abode) <u>Globe, Ariz</u> If non-resident, give place and state.	
10. Color or race <u>Mexican</u>	11. Age at last birthday <u>34</u> (Years)	16. Color or race <u>Mexican</u>	17. Age at last birthday <u>28</u> (Years)
12. Birthplace (city or place) <u>Mexico</u> (State or country)		18. Birthplace (city or place) <u>Mexico</u> (State or country)	
13. Occupation <u>Mine</u> Nature of industry		19. Occupation <u>Housewife</u> Nature of industry	

20. Number of children of this mother 5  
 (Taken as of time of birth of child herein certified and including this child.)  
 (a) Born alive and now living 5  
 (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 Globe at 7:50 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 D. S. Madson  
 (Physician or midwife).  
 Address Globe, Arizona  
 Given name added from a supplemental report \_\_\_\_\_  
 Month, day, year \_\_\_\_\_  
 Registrar Sept 30, 27 D. W. Horst  
 Registrar

949-901-165