

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

State File No. 435

Registered No. 435

1. PLACE OF BIRTH

County Gila State Arizona
 District or Township _____ or Village _____
 City Miami No. 631A Central School Hill Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Juan Martinez

{ If child is not yet named, make supplemental report, as directed.

3. 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 Oct. 7 - 1927
 Month Day Year

8. FATHER
 Full name Pedro E. Martinez
 9. Residence (Usual place of abode) Miami
 If non-resident, give place and state. Arizona
 10. Color or race Mex.
 11. Age at last birthday 52 (Years)
 12. Birthplace (city or place) Grant County
 (State or country) New Mex.
 13. Occupation
 Nature of industry Carpenter

14. MOTHER
 Full maiden name Fedelina Elicia
 15. Residence (Usual place of abode) Miami
 If non-resident, give place and state. Arizona
 16. Color or race Mex.
 17. Age at last birthday 42 (Years)
 18. Birthplace (city or place) Cierra County
 (State or country) New Mex.
 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 12
 (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 alive at 7:15 A. 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 Cyril M. Brown M.D.
 Physician
(Physician or midwife)

Given name added from a supplemental report _____
 Month, day, year _____
 Address Miami, Arizona

Filed Oct 15, 1927 L. E. Jim
 Registrar

A.C. ch. an
 SEPARATE order of

149-1007-656