

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

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

BUREAU OF VITAL STATISTICS  
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 105  
County Registrar No. \_\_\_\_\_  
Local Registrar No. 73

2. Full name of child Cecilia 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 Female 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 Dec 7 1927  
Month Day Year

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

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

10. Color or race. Mexican  
11. Age at last birthday 27 (Years)

16. Color or race. Mexican  
17. Age at last birthday 22 (Years)

12. Birthplace (city or place) Hermosillo  
(State or country) Sonora, Mex.

18. Birthplace (city or place) Nogales  
(State or country) Sonora Mex

13. Occupation Clerk - Roster  
Nature of Industry Copper Smelter

19. Occupation \_\_\_\_\_  
Nature of Industry Housewife

20. Number of children of this mother 3  
(Taken as of time of birth of child herein certified and including this child.)  
(a) Born alive and now living 2  
(b) Born alive but now dead 1  
(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 10:30 a.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 Guana Jimenez  
Address Hayden, Arizona

Given name added from a supplemental report \_\_\_\_\_ Filed Dec 10 1927 \_\_\_\_\_  
Month, day, year Local Registrar.  
Registrar \_\_\_\_\_ 19 \_\_\_\_\_ County Registrar.

349-1207-131