

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

201 / 156
 State File No. / 14
 Registered No.

1. PLACE OF BIRTH

County Gila State Ariz
 District or Township _____ or Village _____
 City _____ No. _____ St. _____ Ward _____

2. Full name of child Jose Martinez
 (If birth occurred in a hospital or institution, give its NAME instead of street and number)
 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. Legitimate? yes. 6. Date of birth Jan 13 - 30
 7. No., in order of birth. _____ Month Day Year

8. Squido FATHER
 Full name Jose Martinez

14. MOTHER
 Full maiden name Adolores Munoz

9. Residence (Usual place of abode) Miami
 If non-resident, give place and state. Arizona

15. Residence (Usual place of abode)
 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 30 (Years)

12. Birthplace (city or place) (State or country) Mexico

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

13. Occupation miner
 Nature of Industry mining

19. Occupation N.W.
 Nature of Industry

20. Number of children of this mother 50
 (Taken as of time of birth of child herein certified and including this child.)
 (a) Born alive and now living 4
 (b) Born alive but now dead _____
 (c) Stillborn 1

21. Were precautions taken against ophthalmia neonatorum? no

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was still born at 4 P. m. on the date above stated.
 (Born alive or stillborn)

Signature Byron Brown M.D.
 (Physician or midwife.)

Given name added from _____ Address _____
 a supplemental report. Month, day, year _____
 Filed March 12 1930 Registrar _____

149-113-449

MADE AT OFFICE OF VITAL STATISTICS