

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

207 162  
 State File No. 56  
 Registered No. \_\_\_\_\_

**1. PLACE OF BIRTH**

County Gila State Arizona  
 District or Township Lower Miami or Village \_\_\_\_\_  
 City Miami No. 31 Lower Canon St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

**2. Full name of child**

Ylvaris 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 January 14 1930  
 Month Day Year

**8.**

**FATHER**

Full name

Juan Martinez

**14.**

**MOTHER**

Full maiden name

Maria Pedrosa

**9. Residence**

(Usual place of abode)

Miami, Arizona

If non-resident, give place and state.

**15. Residence**

(Usual place of abode)

Miami, Arizona

If non-resident, give place and state.

**10. Color or race**

Mexican

**11. Age at last birthday** 34 (Years)

**16. Color or race**

Mexican

**17. Age at last birthday** 21 (Years)

**12. Birthplace (city or place)**

(State or country)

Mexico

**18. Birthplace (city or place)**

(State or country)

Mexico

**13. Occupation**

Nature of industry

miner  
Copper

**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)

3

(a) Born alive and now living 3

(b) Born alive but now dead 0

(c) Stillborn 0

**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 alive at 8 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

J. J. Miller

(Physician or midwife)

Given name added from a supplemental report

Month, day, year

Address

Miami, Arizona

Filed

Feb 1 30

19

J. E. Jones

Registrar

Registrar

8119-114-191

order of birth stated.