

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

State File No. 179  
Registered No. 19

1. PLACE OF BIRTH

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

2. Full name of child

Rosario 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 Jan. 18, 1930  
Month Day Year

8. FATHER  
Full name Brigid Martinez

14. MOTHER  
Full maiden name Francisca Calderia

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

15. Residence (Usual place of abode) Globe Ariz.  
If non-resident, give place and state.

10. Color or race Mex. 11. Age at last birthday 49 (Years)

16. Color or race Mex. 17. Age at last birthday 37 (Years)

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

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

13. Occupation Laborer  
Nature of industry

19. Occupation Housewife  
Nature of industry

20. Number of children of this mother 11 } (a) Born alive and now living 6  
(Taken as of time of birth of child herein certified and including this child.) } (b) Born alive but now dead 5  
 } (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 born alive at 8:30 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 J. G. Harper  
physician (Physician or midwife.)

Given name added from a supplemental report \_\_\_\_\_ Address Globe, Arizona

Month, day, year \_\_\_\_\_ Filled 2/10 1930 J. E. Waghman Registrar

N.B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.