

# ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS  
STANDARD CERTIFICATE OF BIRTH

212  
225  
State File No. 225  
Registered No. 6

1. PLACE OF BIRTH

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

2. Full name of child Armando 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 27 1930 }  
Month Day Year

8. FATHER  
Full name Josue Martinez

14. MOTHER  
Full maiden name Adela Leon

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

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

10. Color or race Mex

11. Age at last birthday 33 (Years)

16. Color or race Mex

17. Age at last birthday 32 (Years)

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

18. Birthplace (city or place) Logan  
(State or country) Ariz

13. Occupation Collector  
Nature of Industry \_\_\_\_\_

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

20. Number of children of this mother... } (a) Born alive and now living 3  
(Taken as of time of birth of child herein } (b) Born alive but now dead 2  
certified and including this child.) } (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 \_\_\_\_\_ at 11:30 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 Charles B. Hurst M.D.

(Physician or midwife)

Given name added from a supplement report \_\_\_\_\_ Address Hayden, Ariz  
Month, day, year \_\_\_\_\_

Registrar \_\_\_\_\_ Filed Jan 29 1930 Registrar \_\_\_\_\_

147-127-135