

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 226
Registered No. 247

PLACE OF BIRTH
County Hile State Arizona
District or Township _____ or Village _____
City Miami No. 58 Grover Canon St. _____ W. _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Maria Martinez
If child is not yet named, call supplemental report, as directed.

Sex of Child } To be answered ONLY in event of plural births. }
Female }
4. Twin, triplet or other..... } 6. Legitimate? } 7. Date of birth April 29-1919
5. No., in order of birth..... } yes } Month Day Year

FATHER
Full name Ceniedo Martinez
9. Residence (Usual place of abode) Miami, Arizona
If non-resident, give place and state. Arizona
10. Color or race Mex.
11. Age at last birthday 28 (Years)

MOTHER
Full maiden name Clvira Jiminez
15. Residence (Usual place of abode) Miami, Arizona
If non-resident, give place and state. Arizona
16. Color or race Mex.
17. Age at last birthday 24 (Years)

12. Birthplace (city or place) Jalisco Mex.
(State or country)
13. Occupation
Nature of Industry Miner

18. Birthplace (city or place) Jalisco Mex.
(State or country)
19. Occupation
Nature of Industry Housewife

20. Number of children of this mother..... } (a) Born alive and now living 4
(Taken as of time of birth of child herein } (b) Born alive but now dead 0
certified and including this child.) } (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 Bernaline at 12:30 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 Cyril M. Brown M.D.
(Physician or midwife.)

Given name added from _____
u supplemental report _____
Month, day, year _____
449-429-519
Registrar. _____
Address Miami, Arizona
Filed May 17 1919 W. E. Jones
Registrar.