

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

State File No. 177
 Registered No. 103

1. PLACE OF BIRTH

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

2. Full name of child

Pasqual 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

1 yes

6. Legitimate?

yes

7. Date of birth

May 17, 1930
 Month May Day 17 Year 1930

8.

FATHER

Full name

Juan Martinez

9. Residence (Usual place of abode)

If non-resident, give place and state.

Globe Ariz.

10. Color or race

Mex.

11. Age at last birthday 25 (Years)

12. Birthplace (city or place)

(State or country)

Mex.

13. Occupation

Nature of industry

Labourer

14.

MOTHER

Full maiden name

Irene Cardenas

15. Residence (Usual place of abode)

If non-resident, give place and state.

Globe Ariz.

16. Color or race

Mex

17. Age at last birthday 20 (Years)

18. Birthplace (city or place)

(State or country)

Pima Ariz.

19. Occupation

Nature of industry

Wife

20. Number of children of this mother 7

(Taken as of time of birth of child herein certified and including this child.)

(a) Born alive and now living 7

(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 born alive at 5 A. m. on the date above stated.
 (Born alive or stillborn.)

Signature

T. C. Harper
Physician
 (Physician or Midwife).

Given name added from a supplemental report

Month, day, year

Address

Globe, Arizona
 Filed June 6, 1930 Edw. Johnson
 Registrar

Registrar

749-517-932

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
 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.