

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS STANDARD CERTIFICATE OF BIRTH

State File No. 287
Registered No. 436

1. PLACE OF BIRTH

County Yila State Arizona
District or Township Lower Miami or Village _____
City Miami No. 68 Porto Rico Canon St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child. Magdaleno Martinez } If child is not yet named, make supplemental report, as directed.

3. Sex of Child } To be answered ONLY in event of plural births. } male
4. Twin, triplet or other. _____ } 6. Legitimate? } yes
5. No., in order of birth _____ } 7. Date of birth } July 22 1930
Month Day Year

8. FATHER
Full name Elias Martinez

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

10. Color or race
Mexican

11. Age at last birthday 36 (Years)

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

13. Occupation Common laborer
Nature of Industry Copper Smelter

14. MOTHER
Full maiden name Josefina Gonzales

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

16. Color or race
Mexican

17. Age at last birthday 28 (Years)

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

19. Occupation Housewife
Nature of Industry _____

20. Number of children of this mother 10 } (a) Born alive and now living 4
(Taken as of time of birth of child herein } (b) Born alive but now dead 6
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 alive at 3 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 _____ Address Miami, Arizona

Month, day, year _____ Filed Aug 30 1930 Registrar _____

each in order of birth stated.

449 - 722 - 172