

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

State File No. _____
Registered No. 195

1. PLACE OF BIRTH

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

2. Full name of child Ronalds Martiney { 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 9-29-30
Month Day Year

8. FATHER
Full name Ronalds Martiney

14. MOTHER
Full maiden name Sarah Rivera

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

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

10. Color or race Mex.

11. Age at last birthday 24 (Years)

16. Color or race Mex.

17. Age at last birthday 22 (Years)

12. Birthplace (city or place) Three Rivers
(State or country) New Mex.

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

13. Occupation Miner
Nature of industry

19. Occupation Wife
Nature of industry

20. Number of children of this mother 3
(Taken as of time of birth of child herein certified and including this child.)
(a) Born alive and now living 2
(b) Born alive but now dead 1
(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 2:15 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 T.C. Harper
Physicians
(Physician or Midwife)

Given name added from a supplemental report 949-929-291
Month, day, year

Address _____

Registrar _____

Filed 10/10 1930 B.E. Neighbors
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.