

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 140
Registered No. 588

1. PLACE OF BIRTH

County Gila State Arizona
District or Township _____ or Village P.O. Box 456 - Miami, Ariz.
City Miami No. 1145 Sullivan St St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

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

3. Sex of Child <u>Female</u>	To be answered ONLY in event of plural births.	4. Twin, triplet or other _____	6. Legitimate? <u>yes</u>	7. Date of birth <u>Oct 9 - 1930</u> Month Day Year
		5. No., in order of birth _____		

8. FATHER
Full name Alfonso Martinez
9. Residence (Usual place of abode) Miami
If non-resident, give place and state. Arizona
10. Color or race Mex.
11. Age at last birthday 32 (Years)
12. Birthplace (city or place) Sinaloa
(State or country) Mex.
13. Occupation
Nature of Industry Mining

14. MOTHER
Full maiden name Candelaria Madrid
15. Residence (Usual place of abode) Miami
If non-resident, give place and state. Arizona
16. Color or race Mex.
17. Age at last birthday 19 (Years)
18. Birthplace (city or place) Clifton
(State or country) Arizona
19. Occupation
Nature of Industry Housewife

20. Number of children of this mother. <u>1</u> <small>(Taken as of time of birth of child herein certified and including this child.)</small>	(a) Born alive and now living <u>1</u>	(b) Born alive but now dead <u>0</u>	(c) Stillborn <u>0</u>	21. Were precautions taken against ophthalmia neonatorum? <u>Yes</u>
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CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 6:30 A. M. on the date above stated.
(Born alive or stillborn)

Signature Cyril M. Brown M.D.
(Physician or midwife.)

Given name added from a supplemental report _____
Address Miami, Arizona
Month, day, year _____
Filed Oct 12 1930 Registrar C. E. ...

149-1009-344

each, he numbrs. of
each in order of birth stated.