

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 143
Registered No. 90

1. PLACE OF BIRTH

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

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

3. Sex Female If plural births 4. Twin, triplet, or other 5. Number, in order of birth _____
6. Premature Full term 7. Legitimate 8. Date of birth Oct 10, 1930
(Month, day, year)

9. Full name of FATHER Juan Martinez
10. Residence (usual place of abode) Hayden
(If nonresident, give place and State)

18. Full maiden name of MOTHER Carpina Chanda
19. Residence (usual place of abode) Hayden
(If nonresident, give place and State)

11. Color Mex **12. Age at last birthday** 24 (Years)

20. Color of hair Black **21. Age at last birthday** 18 (Years)

13. Birthplace (city or place) Salco Mex
(State or country)

22. Birthplace (city or place) San Juan de los Rios
(State or country) Jalisco Mex.

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Multiple men
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Copper

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. House
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. House

16. Date (month and year) last engaged in this work Oct 10, 1930
17. Total time (years) spent in this work 3

25. Date (month and year) last engaged in this work Oct 10, 1930
26. Total time (years) spent in this work 3

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 2 (b) Born alive but now dead 0 (c) Stillborn 0

28. If stillborn, period of gestation _____ { months or weeks **29. Cause of stillbirth** _____ { Before labor or During labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at 10⁰⁰ 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.
Given name added from a supplemental report 649-1010-741 (Date of) _____
(Signed) Charles K. Huete M.D. _____
or _____, Midwife
Address Hayden Ariz
Filed Oct 11, 1930 _____
Registrar.

WHEN FILING WITH ... INK ... SEPARATE RETURN must be made for each, and the number of each 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.