

# ARIZONA STATE BOARD OF HEALTH

State File No. 199  
Registered No. 11

## BUREAU OF VITAL STATISTICS STANDARD CERTIFICATE OF BIRTH

**1. PLACE OF BIRTH**

County Gila State Arizona  
District or Township \_\_\_\_\_ or Village \_\_\_\_\_  
City Hayden No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)  
If child is not yet named, make supplemental report, as directed.

2. Full name of child Francisco B. Martinez

3. Sex of Child	To be answered ONLY in event of plural births.	4. Twin, triplet or other.....	6. Legitimate? <u>Yes</u>	7. Date of birth <u>Jan 30th 1931</u> Month Day Year
<u>Male</u>		5. No., in order of birth.....		

**8. FATHER**  
Full name Jose J. Martinez

**14. MOTHER**  
Full maiden name Bernigna Burruel

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

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

10. Color or race Mexican  
11. Age at last birthday 32 (Years)

16. Color or race Mexican  
17. Age at last birthday 26 (Years)

12. Birthplace (city or place) San Diego, Calif  
(State or country)

18. Birthplace (city or place) Nogales, Arizona  
(State or country)

13. Occupation Craneman  
Nature of Industry Copper Smelter

19. Occupation Housewife  
Nature of Industry \_\_\_\_\_

20. Number of children of this mother..... <u>4</u> (Taken as of time of birth of child herein certified and including this child.)	(a) Born alive and now living..... <u>4</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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I hereby certify that I attended the birth of this child, who was born alive at 3.00 A.M. on the date above stated.  
(Born alive or stillborn)

Signature [Signature]  
(Physician or midwife.)

Given name added from \_\_\_\_\_ Address Hayden, Arizona  
a supplement report \_\_\_\_\_

Month, day, year 649-130-223 Filed 1-30, 1931  
Registrar. [Signature] Registrar.

each in order of birth stated.