

# ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS  
STANDARD CERTIFICATE OF BIRTH

00115  
State File No. \_\_\_\_\_  
Registered No. 54

**1. PLACE OF BIRTH**

County Gila State ARIZONA  
District or Township Lower Miami or Village \_\_\_\_\_  
City MIAMI No. 26 Charria Canyon 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**

Graciela Martinez  
3. Sex of Child female } To be answered ONLY in event of plural births.  
4. Twin, triplet or other..... } yes  
6. Legitimate? } yes  
7. Date of birth Feb 9 1931  
Month Day Year

**8. FATHER**  
Full name Cornelio 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 26 (Years)

Birthplace (city or place) \_\_\_\_\_  
(State or country) Mexico

Occupation miner  
Nature of Industry Copper

Number of children of this mother 5  
as of time of birth of child herein (ifed and including this child.)  
(a) Born alive and now living 5  
(b) Born alive but now dead 0  
(c) Stillborn 0

**MOTHER**  
Full maiden name Natalia Blanco

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 23 (Years)

18. Birthplace (city or place) \_\_\_\_\_  
(State or country) Mexico

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

21. Was precaution 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 5:35 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 F. F. Miller  
F. F. MILLER, M. D.  
(Physician or Midwife)

Given name added from \_\_\_\_\_ Address \_\_\_\_\_  
Month, day, year \_\_\_\_\_  
Registrar. F. F. Miller Registrar. \_\_\_\_\_

Filed Feb 20 1931  
749-209-526