

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

State File No. 141  
 Registered No. 34

**1. PLACE OF BIRTH**

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

**2. Full name of child**

Lucas Martinez (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**

\_\_\_\_\_ No. in order of birth

**6. Legitimate?**

Yes

**7. Date of birth**

Feb. 27, 1931  
 Month Day Year

**8. FATHER**  
 Full name Lucas Martinez

**14. MOTHER**  
 Full maiden name Librada Martinez

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

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

**10. Color or race**  
Mex.

**11. Age at last birthday** 32 (Years)

**16. Color or race**  
Mex.

**17. Age at last birthday** 26 (Years)

**12. Birthplace** (city or place) Los Cabanos Ariz.  
 (State or country)

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

**13. Occupation**  
 Nature of Industry miner

**19. Occupation**  
 Nature of Industry Housewife

**20. Number of children of this mother** 5  
 (Taken as of time of birth of child herein certified and including this child.)

(a) Born alive and now living 5  
 (b) Born alive but now dead 0  
 (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 Barbarine at 11:15 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 T. Harper  
physician  
 (Physician or midwife)

Given name added from a supplemental report \_\_\_\_\_  
 Month, day, year \_\_\_\_\_

Address Globe, Ariz.

Registrar \_\_\_\_\_

Filed 3/8 1931 H. B. Wightman  
 Registrar

349-227-349

order of birth stated.