

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 123

Registered No. 37

1. PLACE OF BIRTH

County Gila State Arizona

District or Township _____ or Village _____

City Hayden No. _____ St. _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

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

3. Sex of Child (To be answered ONLY in event of plural births.) } 4. Twin, triplet or other. _____ } 6. Legitimate? Yes } 7. Date of birth May 17 1931
Month Day Year

3. FATHER
Full name Pasqual Martinez
9. Residence (Usual place of abode) Hayden
If non-resident, give place and state.

14. MOTHER
Full maiden name Maria Josa
15. Residence (Usual place of abode) Hayden
If non-resident, give place and state.

10. Color or race Mex
11. Age at last birthday 39 (Years)

16. Color or race Mex
17. Age at last birthday 29 (Years)

12. Birthplace (city or place) Mexico City
(State or country) Mexico

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

13. Occupation Laborer
Nature of Industry Copper smelter

19. Occupation House wife
Nature of Industry _____

20. Number of children of this mother 5 } (a) Born alive and now living 5
(Taken as of time of birth of child herein certified and including this child.) } (b) Born alive but now dead _____
} (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 _____ at _____ m. on the date above stated.
(Born alive or stillborn)

Signature Charles H. Hurd
(Physician or midwife)

Given name added from _____ Address Hayden Ariz
Month, day, year _____
Registrar. _____ Filed 5/20 1931 Registrar. _____

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