MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

93

State File No. .....

Registered No. 88

1. PLACE OF BIRTH

County Coconino State Arizona

Township Williams or Village .....

City ..... No. 525 W. Grant St. ..... Ward

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Maria Martin { 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 yes | 7. Legitimate? yes | 8. Date of birth 9-16, 1931 (Month, day, year)

FATHER

9. Full name Augustin Martin

10. Residence (usual place of abode) (If nonresident, give place and State) Williams Arizona

11. Color or race Spanish | 12. Age at last birthday 34 (Years)

13. Birthplace (city or place) Burgueta (State or country) Spain

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sheep Foreman

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Sheep

16. Date (month and year) last engaged in this work 9-16, 1931 | 17. Total time (years) spent in this work 10

MOTHER

18. Full maiden name Dolores Cardenas

19. Residence (usual place of abode) (If nonresident, give place and State) Williams Arizona

20. Color or race Mexican | 21. Age at last birthday 25 (Years)

22. Birthplace (city or place) Valparaiso (State or country) Zacatecas-Mexico

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own Home

25. Date (month and year) last engaged in this work 9-16, 1931 | 26. Total time (years) spent in this work 3 1/4

27. Number of children of this mother 3 (At time of this birth and including this child) (a) Born alive and now living 3 (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 ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN ~~OR MIDWIFE~~

I hereby certify that I attended the birth of this child, who was Born Alive at 2:05 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. }

(Signed) C. D. Jeffries, M. D.

or ....., Midwife

Address Williams-Arizona

Filed 9-21, 1931 C. D. Jeffries Registrar.

Given name added from a supplemental report ..... (Date of)

445-916-432

Registrar.