

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

State File No. 90
 Registered No. 213

1. PLACE OF BIRTH

County Yuma 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 Guadalupe 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 _____ 5. No. in order of birth _____ 6. Legitimate? yes 7. Date of birth 11-5-31
 Month Day Year

5. FATHER
 Full name Alfred Martinez

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

10. Color or race Mex. 11. Age at last birthday 20 (Years)

12. Birthplace (city or place) Doo Cabos Ariz.
 (State or country)

13. Occupation miner
 Nature of Industry

14. MOTHER
 Full maiden name Sophie Perez

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

10. Color or race Mex 17. Age at last birthday 15 (Years)

18. Birthplace (city or place) Globe Ariz.
 (State or country)

19. Occupation Housewife
 Nature of Industry

20. Number of children of this mother _____ (Taken as of time of birth of child herein certified and including this child.)
 (a) Born alive and now living 1
 (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 born alive at 1:30 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. C. Harper (Physician or midwife)
Physician

Given name added from _____ Address Globe, Arizona.
 a supplemental report. Month, day, year _____
149-1105-279 Filed 12/7 1931 H. E. Wightman
 Registrar Registrar