

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.

80

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

State File No. _____
Registered No. 270

1. PLACE OF BIRTH

County Yuma State Arizona
District or Township _____ or Village _____
City Globe No. 20 Quinn Canyon Ward _____
(If birth occurred in a hospital or institution, give full NAME instead of street and number)

2. Full name of child Nicolosa Martinez
(If child is not yet named, make supplemental report, as directed.)

3. Sex of Child <u>Female</u>	To be answered ONLY In event of plural births.	4. Twin, triplet or other	5. Legitimacy <u>Yes</u>	7. Date of birth <u>Dec 6 1931</u> Month Day Year
6. No., in order of birth				

8. FATHER
Full name Juan G Martinez
9. Residence (Usual place of abode) Globe
If non-resident, give place and state.
10. Color or race Mexican
11. Age at last birthday 28 (Years)
12. Birthplace (city or place) Mexico
(State or country)
13. Occupation Woodchopper
Nature of industry

14. MOTHER
Full maiden name Trina Cardenas
15. Residence (Usual place of abode) Globe
If non-resident, give place and state.
16. Color or race Mexican
17. Age at last birthday 20 (Years)
18. Birthplace (city or place) Pima
(State or country) Arizona
19. Occupation _____
Nature of industry

20. Number of children of this mother <u>3</u> (Taken as of time of birth of child herein certified and including this child.)	(a) Born alive and now living <u>3</u>	21. Were precautions taken against ophthalmia neonatorum? <u>Yes</u>
	(b) Born alive but now dead <u>0</u>	
	(c) Stillborn <u>0</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____ at _____ mo. on the date above stated.
(Born alive or stillborn)

Signature R. D. Kennedy
(Physician or Midwife)

* 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.
Given name added from a supplemental report _____ Address _____
549-1206-932 Month, day, year 1/5 1932 G. E. Wightman
Registrar Registrar