

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

State File No. 118  
 Registered No. 776

**1. PLACE OF BIRTH**

County Gila State ARIZONA  
 District or Township Lower Miami or Village \_\_\_\_\_  
 City MIAMI No. 31 Grover Cyn 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**

female

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**

Dec 24 1931  
 Month Day Year

**8. FATHER**  
 Full name Juan Martinez

**14. MOTHER**  
 Full maiden name Maria Pedrosa

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

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

**10. Color or race**  
Mexican

**11. Age at last birthday** 33 (Years)

**16. Color or race**  
Mexican

**17. Age at last birthday** 23 (Years)

**12. Birthplace (city or place)**  
 (State or country) MEXICO

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

**13. Occupation**  
 Nature of Industry Miner  
Copper

**19. Occupation**  
 Nature of Industry Housewife

**20. Number of children of this mother** 4  
(Taken as of time of birth of child herein certified and including this child.)

(a) Born alive and now living 4  
 (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 alive at 1:45 p. 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 F. F. Miller  
 F. F. MILLER, M.D.  
 (Physician or midwife).

Given name added from a supplemental report \_\_\_\_\_  
 Address \_\_\_\_\_  
 Month, day, year 749-1224-471  
 Registrar

Address MIAMI, ARIZONA  
 Filed Jan 6, 1932 Charles E. Davis  
 Registrar

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.