

# ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS  
STANDARD CERTIFICATE OF BIRTH

114

State File No. ....

Registered No. 10

**1. PLACE OF BIRTH**

County Pima State Arizona  
Township \_\_\_\_\_ or Village \_\_\_\_\_  
City Keypler No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

**2. Full name of child**

Ricardo Martinez { If child is not yet named, make supplemental report, as directed

3. Sex Male If plural births \_\_\_\_\_ 4. Twin, triplet, or other \_\_\_\_\_ 5. Number, in order of birth \_\_\_\_\_  
6. Premature Full term \_\_\_\_\_ 7. Legitimate \_\_\_\_\_ 8. Date of birth Mar 7, 1932  
(Month, day, year)

**9. Full name of FATHER**  
Salvador Martinez

**18. Full name of MOTHER**  
Madeline Mercedes

**10. Residence (usual place of abode)**  
(If nonresident, give place and State) Keypler

**19. Residence (usual place of abode)**  
(If nonresident, give place and State) Keypler

**11. Color of hair** Wax **12. Age at last birthday** 24 (Years)

**20. Color of eyes** Blue **21. Age at last birthday** 36 (Years)

**13. Birthplace (city or place)**  
(State or country) Arizono

**22. Birthplace (city or place)**  
(State or country) Massachusetts

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

**23. Trade, profession, or particular kind of work done, as housewife, typist, nurse, clerk, etc.** house wife

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

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

**16. Date (month and year) last engaged in this work**  
1-27-1932

**25. Date (month and year) last engaged in this work**  
3-7-1932

**27. Number of children of this mother**  
(At time of this birth and including this child) (a) Born alive and now living 5 (b) Born alive but now dead 2 (c) Stillborn \_\_\_\_\_

**28. If stillborn, period of gestation** \_\_\_\_\_ { months or weeks } **20. 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 \_\_\_\_\_ at 11:28 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) Charles B. Smith, M.D.

Given name added from a supplemental report \_\_\_\_\_ (Date of) \_\_\_\_\_

or \_\_\_\_\_ Midwife  
Address Hayden Arizona

949-354-741 Registrar.

Filed May 9, 1932 2573 Registrar.

N. B.—In case more than one child at a birth, a SEPARATE RETURN must be made for each, and number of sex in order of birth stated.