

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

State File No. 99
 Registered No. 17

1. PLACE OF BIRTH

County Esua 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 Rudolf 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. Legitimate? yes 6. Date of birth 2-25-1933
Month Day Year

7. FATHER
 Full name Lucas Martinez
 Residence Globe Ariz.
(Usual place of abode)
 If non-resident, give place and state.
 10. Color or race Mexican
 11. Age at last birthday 34 (Years)
 12. Birthplace (city or place) Los Cabos Ariz.
(State or country)
 13. Occupation Laborer
Nature of industry

14. MOTHER
 Full maiden name Librada Martinez
 Residence Globe Ariz.
(Usual place of abode)
 If non-resident, give place and state.
 16. Color or race Mexican
 17. Age at last birthday 29 (Years)
 18. Birthplace (city or place) Mexico
(State or country)
 19. Occupation Housewife
Nature of industry

20. Number of children of this mother 6 (Taken as of time of birth of child herein certified and including this child.)
 (a) Born alive and now living 6
 (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 Globe, Ariz. on the date above stated.
(Born alive or stillborn.)

Signature T. C. Hayer physician
(Physician or midwife)

Given name added from a supplemental report _____ Address Globe, Ariz.
 Filed 3/7 1933 Registrar J. E. Wightman
 Registrar 949-225-349

N. B.—In cases of stillbirth, a SEPARATE REPORT must be made for each, and in order of birth stated.