

# ARIZONA STATE BOARD OF HEALTH

66

1. PLACE OF BIRTH

BUREAU OF VITAL STATISTICS  
STANDARD CERTIFICATE OF BIRTH

State File No. \_\_\_\_\_

Registered No. 6

Actions \_\_\_\_\_

County Gila State Arizona  
Township \_\_\_\_\_ or Village \_\_\_\_\_  
City Hayden No. \_\_\_\_\_ Sec. \_\_\_\_\_ Ward \_\_\_\_\_

2. Full name of child Jose Martinez, (If birth occurred in a hospital or institution, give its NAME instead of street and number) (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 X 7. Legitimate? Yes 8. Date of birth April 7th, 1933 (Month, day, year)

9. Full name FATHER  
Juan Martinez,

10. Full maiden name MOTHER  
Porfiria ReAnda

11. Residence (usual place of abode) (If non-resident, give place and State) Hayden, Arizona

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13. Color or race Mex 14. Age at last birthday 26 (Years)

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17. Birthplace (city or place) San Juan de los Rios  
(State or country) Jalisco, Mexico.

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(State or country) Jalisco, Mexico

OCCUPATION 19. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer  
20. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Copper Smelter  
21. Date (month and year) last engaged in this work March, 1933  
22. Total time (years) spent in this work 5

OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife  
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Home  
25. Date (month and year) last engaged in this work April, 1933  
26. Total time (years) spent in this work 5

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 4 (b) Born alive but now dead \_\_\_\_\_ (c) Stillborn \_\_\_\_\_

28. If stillborn, period of gestation \_\_\_\_\_ { months or weeks } 29. Cause of stillbirth \_\_\_\_\_ { Before labor or During labor }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 2:40 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. }

(Signed) Charles R. Hurst, M.D. M.D.

Given name added from a supplemental report \_\_\_\_\_ or \_\_\_\_\_ Midwife

Address Hayden, Arizona

149-407-11 (Date of) \_\_\_\_\_ Registrar.

Filed April 8th, 1933 W. J. Quil Registrar.